CONTENTS

VOLUME 3 NUMBER 2 APRIL 1958

Editor's Page

IN THIS issue we are happy to present two short formulations in regard to the practice of social work today. These statements, we are informed, are to be regarded as preliminary and tentative and reactions from readers are invited. The first comes from the Commission on Practice of the National Association of Social Workers and the second, "The Nature of Social Work," from the Curriculum Study of the Council on Social Work Education, both now in full tide. Not since the historic Milford Conference, probably, has the profession faced so urgent a need for definition and clarification. Whatever may emerge as the specializations of the future, the goals, boundaries, and functions of the profession must be clearly envisaged and articulated. This is the more essential since the National Association of Social Workers is not only engaged in its great undertaking of consolidation and integration within established "fields" and services, but new needs and programs are being pressed from all sides for inclusion and recognition. The drainage of personnel from the graduates of social work into these new channels reduces alarmingly the already insufficient number of those qualified for the increasing tasks of basic services. The problem is further complicated by the many untrained and partially trained workers who are performing undeniably social work activities. It is only as the characteristic knowledge, values, and methods and skills of a profession are identified and transmitted through appropriate education that technicians and other ancillary personnel—we do not care for the term "subprofessional"—can be safely built into agency structure without threat to the status of qualified civil servants and other practitioners.

Although the approach of these two timely and provocative documents is interestingly dissimilar, the components seem to be substantially agreed upon. It is, perhaps, chiefly in the stress on the humanities—the value systems of the culture—that the most specific aspects of social work may be discerned. Granting the universality of the objectives and programs of social welfare throughout the world, it is precisely those ideals and tools of a democratic way of life which are hardest to transplant into other cultural and economic systems. Far short as the democracies fall in adequately implementing the "four freedoms" and civil rights, it is impossible to interpret social work as a profession unless those concepts are granted, since the strongest techniques are woven out of these very strands.

We are glad to note the recognition given to the distinctions which may be usefully drawn between those processes which are primarily geared to helping or treatment, as in casework and group work, and those which are geared to searching, planning, educating, and administering. If the range of any modern profession were not so great (especially within the scope of social welfare) one would find it easier to propose an all-embracing term for the activities of social workers. Meanwhile, we welcome the stress on *social interaction* and the significance of the relationship.

Every "trade" whether it be navy, law, or baseball has its peculiar jargon not readily understood by outsiders. Social work is no exception (it goes without saying that communications to those outside the profession should follow the discipline of good English usage). A problem for continuing clarification concerns the use of the word *method* on which profession-wide agreement is still to be achieved. The word most often confused with *method* is *process*. Yet many practitioners and educators prefer to restrict the latter to such activities as *interviewing, diagnosis, recording,* and *group process,* for example. It can hardly be argued but that gradual standardization of basic terms would help to lift us out of our present loose incoherence into precise and widely understood media of communication throughout the field. These first efforts from leading sources are both timely and enheartening.

G. H.

BY HARRIETT M. BARTLETT

Toward Clarification and Improvement of Social Work Practice

THE CENTRAL RESPONSIBILITY of a profession is to maintain and promote in all possible ways the effectiveness of its service to society. Because social work grew up in so many separate organizations, there was until recently no channel through which social work practice could be viewed and acted upon as a whole. It is true that important steps were taken by certain segments of the profession. Schools of social work and educators, being a more homogeneous group within a single organization, were in a position to give much-needed leadership to professional thinking. Some specific fields of practice also, such as medical and psychiatric social work, developed consistent ongoing programs for study and improvement of their work, with standing practice committees which brought out a steady stream of studies and reports. But the building of a professional curriculum or of a total professional program should rest upon understanding of the basic knowledge, values, and skills essential for competent practice, which could not be attained until that practice could be analyzed in some comprehensive and penetrating manner. The problem was recognized some years ago [1] but little progress was made. Educational thinking continued to move ahead so that, with the lag in study of practice, a rather serious imbalance has been developing in the profession.

The major obstacles to movement in the practice area seem to have been the lack of any comprehensive conceptual scheme by which practice could be analyzed and the lack of any channel for consistent and cumulative thinking about practice. Finally, in 1955, when practitioners from all fields came together to establish a single professional organization, the favorable moment arrived. As part of the new organiza-

HARRIET M. BARTLETT, M.A., *formerly professor and director of the medical social work program at the Simmons College School of Social Work, Boston, is chairman of the Commission on Social Work Practice of the National Association of Social Workers.*

[1] Ernest V. Hollis and Alice L. Taylor, *Social Work Education in the United States* (New York: Columbia University Press, 1951).

tion a permanent working group was set up to concentrate its effort on social work practice, namely, the Commission on Social Work Practice of the National Association of Social Workers. This practice-focused, profession-wide group has been working at its assignment for two years. Out of its experience are now emerging lines of thought and action that are significant for the whole profession.[2]

TRENDS AND ISSUES

The first attempt to view social work practice in its full scope is almost overwhelming. After deliberation, the best starting point appeared to be the trends and issues of most acute interest to practitioners in the major fields of practice. Here are some examples of the several dozen items that emerged from a discussion of concerns.[3]

1. Using professional staff in social agencies to best advantage is a matter of great concern because of the shortage of qualified workers. Many workers appear to spend a disproportionate amount of time on writing records, attending meetings, and similar activities compared with the time devoted to serving their clients. This is one of a group of items that falls into the category of those over which social workers have control.

2. Social, economic, and political trends are of major importance in influencing the development of social work practice. The profession has often been in the position of planning and taking action *after* problems have reached an acute state. Such problems as this one fall into a class involving factors and forces *outside* social work. It may be that such problems will have to be broken down into segments—such as one trend, the employment of married women—about which data are available.

3. "Multiproblem" families are another subject of intense interest to practitioners. The disproportion between efforts expended in working with these families and results obtained by present methods calls for further exploration.

This problem is still of another type, which shifts and changes as it is analyzed, partly because the term means different things to different people. It may mean families resistant to casework, or those known to most agencies in the community, or those showing the most severe pathology.

4. A fundamental issue is the inability of the profession to state clearly what knowledge, skill, and values are needed by every social worker for basic competence in practice. This illustrates the class of basic questions regarding professional competence in social work practice on which research is required.

CHARTING PRIORITIES

So many issues and so many lines of action are possible here that any proposed activity could range all the way from immediate decision to long-range study and research. A first step is to determine what degree of effort should be concentrated on each, and what combination of approaches is likely to bring the best results. Then the various approaches for dealing with the questions—such as immediate decisions, short-term proj-

[2] This paper, which has been prepared at the request of the Commission on Social Work Practice, draws freely on the thinking and formulations of its members. It would be impossible to make specific acknowledgment and this has not been attempted. The expression and some of the thinking are the writer's but the major effort in this article is to set forth the vigorous and creative thinking of this professional group. Of course, a national practice commission has no monopoly in the area of practice on which Sections and chapters of the national association and other social work groups all over the country are actively working. However, a national group whose assignment covers practice as a whole is in a favorable position to do what no other single group can do by itself.

[3] Report of Subcommittee on Trends, Issues, and Priorities, Commission on Social Work Practice, National Association of Social Workers, September 1956 and March 1957.

ects, and long-term continuous studies—can be considered.

With persistent analysis, it should eventually be possible to classify major studies that have been made and areas for exploration to show what has been accomplished and where gaps exist. Specific projects undertaken by various kinds of groups—professional bodies, agencies, schools, individuals—can all be set forth. Then it should be possible to determine better the order in which certain problems must be attacked, since the answer to one question often depends upon the solution of a prior, underlying problem.

Such exploration still will not provide the much-needed definitions of social work and social work practice, which are essential but so far have proved unattainable. Social workers have been blocked in the past because they felt no individual or group could attempt to say what social work is. Yet everyone agrees that some statement regarding what is meant by social work practice must be formulated as a base for planning an effective program to improve practice. Such a concept of what practice is should encompass all activities known as social work and all levels of practice whether carried on by trained or untrained workers. All professions arrive at a point in their development where they must accept responsibility for subprofessional and semi-professional personnel in their practice,[4] but social work is just awakening to this recognition. It is obvious, however, that the profession cannot deal with the practice of the subprofessional worker—or even define it—until professional practice is more clearly delineated.[5]

It is with this background, then, that the following "working definition" is offered at this time. First, the goal is limited, so that the attempt is to define only social work practice, not social work in all its manifestations. Next, this statement is just a working definition—to show on what base the Practice Commission is operating. And still further, the formulation can be viewed as tentative, to be revised and refined continuously as knowledge and understanding of practice grow.

[4] Hollis and Taylor, *op. cit.*, pp. 166–173.

[5] Minutes of Meeting of Subcommittee on Use of Nonprofessional Personnel. Commission on Social Work Practice, National Association of Social Workers, September 29–30, 1956.

Working Definition of Social Work Practice

SOCIAL WORK PRACTICE, like the practice of all professions, is recognized by a constellation of value, purpose, sanction, knowledge, and method. No part alone is characteristic of social work practice nor is any part described here unique to social work. It is the particular content and configuration of this constellation which makes it social work practice and distinguishes it from the practice of other professions. The following is an attempt to spell out the components of this constellation in such a way as to include all social work practice with all its specializations. This implies that some social work practice will show a more extensive use of one or the other of the components but it is social work practice only when they are all present to some degree.

This working definition was prepared by the Subcommittee on the Working Definition of Social Work Practice for the Commission on Social Work Practice, National Association of Social Workers, December 1956.

VALUE

Certain philosophical concepts are basic to the practice of social work, namely:

1. The individual is the primary concern of this society.

2. There is interdependence between individuals in this society.

3. They have social responsibility for one another.

4. There are human needs common to each person, yet each person is essentially unique and different from others.

5. An essential attribute of a democratic society is the realization of the full potential of each individual and the assumption of his social responsibility through active participation in society.

6. Society has a responsibility to provide ways in which obstacles to this self-realization (*i.e.*, disequilibrium between the individual and his environment) can be overcome or prevented.

These concepts provide the philosophical foundation for social work practice.

PURPOSE

The practice of social work has as its purposes:

1. To assist individuals and groups to identify and resolve or minimize problems arising out of disequilibrium between themselves and their environment.

2. To identify potential areas of disequilibrium between individuals or groups and the environment in order to prevent the occurrence of disequilibrium.

3. In addition to these curative and preventive aims, to seek out, identify, and strengthen the maximum potential in individuals, groups, and communities.

SANCTION (*i.e.*, authoritative permission; countenance, approbation, or support)

Social work has developed out of a community recognition of the need to provide services to meet basic needs, services which require the intervention of practitioners trained to understand the services, themselves, the individuals, and the means for bringing all together. Social work is not practiced in a vacuum or at the choice of its practitioners alone. Thus, there is a social responsibility inherent in the practitioner's role for the way in which services are rendered. The authority and power of the practitioner and what he represents to the clients and group members derive from one or a combination of three sources:

1. *Governmental agencies* or their subdivisions (authorized by law).

2. *Voluntary incorporated agencies,* which have taken responsibility for meeting certain of the needs or providing certain of the services necessary for individual and group welfare.

3. *The organized profession,* which in turn can sanction individuals for the practice of social work and set forth the educational and other requirements for practice and the conditions under which that practice may be undertaken, whether or not carried out under organizational auspices.

KNOWLEDGE

Social work, like all other professions, derives knowledge from a variety of sources and in application brings forth further knowledge from its own processes. Since knowledge of man is never final or absolute, the social worker in his application of this knowledge takes into account those phenomena that are exceptions to existing generalizations and is aware and ready to deal with the spontaneous and unpredictable in human behavior. The practice of the social worker is typically guided by knowledge of:

1. Human development and behavior characterized by emphasis on the wholeness of the individual and the reciprocal influences of man and his total environment—human, social, economic, and cultural.

2. The psychology of giving and taking help from another person or source outside the individual.

3. Ways in which people communicate with one another and give outer expression to inner feelings, such as words, gestures, and activities.

4. Group process and the effects of groups upon individuals and the reciprocal influence of the individual upon the group.

5. The meaning and effect on the individual, groups, and community of cultural heritage including its religious beliefs, spiritual values, law, and other social institutions.

6. Relationships, *i.e.*, the interactional processes between individuals, between individual and groups, and between group and group.

7. The community, its internal processes, modes of development and change, its social services and resources.

8. The social services, their structure, organization, and methods.

9. Himself, which enables the individual practitioner to be aware of and to take responsibility for his own emotions and attitudes as they affect his professional functions.

METHOD (*i.e.*, an orderly systematic mode of procedure. As used here, the term encompasses social casework, social group work, and community organization)

The social work method is the responsible, conscious, disciplined use of self in a relationship with an individual or group. Through this relationship the practitioner facilitates interaction between the individual and his social environment with a continuing awareness of the reciprocal effects of one upon the other. It facilitates change: (1) within the individual in relation to his social environment; (2) of the social environment in its effect upon the individual; (3) of both the individual and the social environment in their interaction.

Social work method includes systematic observation and assessment of the individual or group in a situation and the formulation of an appropriate plan of action. Implicit in this is a continuing evaluation regarding the nature of the relationship between worker and client or group, and its effect on both the participant individual or group and on the worker himself. This evaluation provides the basis for the professional judgment which the worker must constantly make and which determines the direction of his activities. The method is used predominately in interviews, group sessions, and conferences.

Techniques (*i.e.*, instrument or tool used as a part of method). Incorporated in the use of the social work method may be one or more of the following techniques in different combinations: (1) support, (2) clarification, (3) information-giving, (4) interpretation, (5) development of insight, (6) differentiation of the social worker from the individual or group, (7) identification with agency function, (8) creation and use of structure, (9) use of activities and projects, (10) provision of positive experiences, (11) teaching, (12) stimulation of group interaction, (13) limit-setting, (14) utilization of available social resources, (15) effecting change in immediate environmental forces operating upon the individual or groups, (16) synthesis.

Skill (*i.e.*, technical expertness; the ability to use knowledge effectively and readily in execution or performance). Competence in social work practice lies in developing skill in the use of the method and its techniques described above. This means the ability to help a particular client or group in such a way that they clearly understand the social worker's intention and role, and are able to participate in the process of solving their problems. Setting the stage, the strict observance of confidentiality, encouragement, stimulation or participation, empathy, and objectivity are means of

facilitating communication. The individual social worker always makes his own creative contribution in the application of social work method to any setting or activity.

As a way of increasing skill and providing controls to the activity of the social work practitioner, the following are utilized: (1) recording, (2) supervision, (3) case conferences, (4) consultation, (5) review and evaluation.

TEACHING, RESEARCH, ADMINISTRATION

Three important segments of social work, namely, teaching, research, and administration, have significance for the development, extension, and transmission of knowledge of social work practice. These have many elements in common with social work practice, but in addition have their own uniqueness and some different objectives.

COMMENT

This manner of going at a social work definition has a number of advantages. Since social work is by its very nature concerned not with single entities but with multiple factors, interrelationships, and processes, a definition stated in the form of a configuration is particularly relevant. There is value in having a structure that can remain constant. We are often confused by definitions because they appear in different forms although their meaning may be similar. The concept of a working definition that is definitely intended to keep growing is also helpful because we can feel less critical and concerned over its early inadequacies. Also, it can more easily respond to growth and change in the profession and the surrounding society.

LONG-RANGE STUDY

This working definition is a small beginning—but still it is a beginning—toward conceptualization of the basic elements in social work practice. There is general agreement that research is needed to define these elements. Understanding of these elements is needed in order to develop better agency programs, a sound educational curriculum, and competent workers. The diffuse activities now known as social work practice must be analyzed in such a way as to identify the central core. The primary goal is not to improve the status of social work (although this will be a by-product) but to enable its members to render better service because of their increased competence, clarity, and security in their functions. The results of research should eventually distinguish social work from the other helping professions.

The ways in which studies of practice could begin are legion, but probably the most important first step is the determination to undertake ongoing, basic research.[6]

In order to identify the basic elements in social work practice, we must take practice at its most fully developed points, where goals and methods can be clearly distinguished. This means looking at what professionally trained social workers are doing in well-defined social work programs. Only the characteristic social work activities would be studied. This will not necessarily be the whole job—some activities undertaken by social workers in their daily jobs will not fall within the definition of social work practice. Furthermore, studies of particular facets of the problem—such as the untrained worker—will have to be postponed. The first emphasis apparently will be description and analysis, with evaluation of results to come at a later period.

It appears that major effort in the early phase of study must be devoted to developing adequate research methodology. As yet there is no orderly system of concepts or

[6] Two research experts who are members of the group were asked to formulate an initial proposal, which has been accepted as a basis for action.

reliable research instruments by which practice can be analyzed. It will be necessary to develop from the working definition of practice a conceptual scheme for classification of conditions (problems) encountered and services rendered in social work practice. Then, and only then, say the research advisers, can adequate research designs for the study of practice be formulated.

Some of the implications of this research approach to practice should be noted. Initial concentration on methodology seems essential to get started at all, but such focus could lead into a blind alley unless properly related to over-all purposes. Even the first step is a commitment. Purposes must, therefore, be carefully formulated. This will not be a single "master plan" but a long-range research effort in which each step must build on the preceding one. It should give us the type of cumulative thinking that social work practice has lacked and needed for so long. To do all this, professional social workers and research experts must work together. Such ongoing study can be a flexible process, growing and changing with social work itself.

Of course, there will be disappointment that we cannot immediately launch into active studies but must devote much effort to developing study method and design. However, social workers can hardly expect to progress in research until they have a suitable body of concepts and research tools at their command. Actually the struggle to find a method should bring valuable insights regarding practice itself, and vice versa. This two-way interaction between study and service is one of the most encouraging aspects of a good study program. Since the problems are so difficult, there will inevitably be ups and downs, but the general momentum should continue. The profession through its professional association must consider this an indefinite commitment.

Trying to put first things first raises some difficult issues. Many groups of practitioners, as well as social work educators in the current Curriculum Study, urgently need basic criteria regarding knowledge, skills, and values essential for competent practice. But it appears that we do not at this time have that degree of understanding of our practice that will permit valid and authoritative answers to these questions. Neither do we have the tools with which to study and produce answers in a brief period. In the past, the social work profession has been too easily satisfied with short-range explorations and superficial answers to fundamental questions. The time has come when the profession must concentrate on building a long-range program in relation to practice, moving steadily through the necessary steps in logical order. In the end, we shall all be further ahead.

BY WERNER W. BOEHM

The Nature of Social Work

No SINGLE, WIDELY recognized, or generally accepted statement exists of the aims and purposes of the professional practice of social work. The core activities of social work, as distinct from the activities of other helping professions, have not yet been authoritatively stated and differentiated. This is understandable in view of the historic development of the practice of the profession in segments (casework, group work, community organization, and the various fields of practice), the absence until recently of an over-all professional organization, and the fact that only gradually has a body of practice begun to emerge. As yet we have only fragments of practice theory intermingled with incomplete knowledge of the nature of man, the nature of society, and their relationship.

In the past, definitions of social work and statements about its aims have characteristically focused upon the following concerns: the social basis of the social work profession and the values, goals, functions, and methods of social work. This statement recognizes the validity of these concerns and will deal with them in the following order: (1) the underlying assumptions about the nature of social work; (2) the essential values of social work, and (3) the goals, functions, and activities of social work.

An effort has been made in developing this statement to underscore the evolving character of the social work profession and the changing nature of its practice as it has responded to changing needs in society. While attentive to the past and present functions of social work, the statement essays a projection of future functions in the light of identifiable social trends and changes.[1]

WERNER W. BOEHM, D.L., *is director and co-ordinator of the Curriculum Study of the Council on Social Work Education.*

UNDERLYING ASSUMPTIONS

1. Social work like all other professions has problem-solving functions.
2. Social work practice is an art with a scientific and value foundation.
3. Social work as a profession came into being and continues to develop because it meets human needs and aspirations recognized by society. Hence, it assumes some of the socialization and control functions of society.
4. Social work practice takes its values from those held by the society of which it is a part. However, its values are not necessarily or altogether those universally or predominantly held or practiced in society.

[1] A bibliography is available from the author. In addition to social work and related literature, use was made of such sources as study materials from the National Association of Social Workers, catalogs and other materials from schools and departments, and statements especially prepared for the Curriculum Study. Along with its clear derivations from these sources, the statement inevitably reflects as well the author's personal views. While the author takes full responsibility for the content of the statement, he wishes to acknowledge his indebtedness to the suggestions, comments, and criticism of the staff of the Curriculum Study of the CSWE. This statement was prepared as one of the research instruments of the Curriculum Study. It has the following purposes: (1) to orient and guide the Curriculum Study staff in the selection of educational objectives; (2) to provide a framework for the co-ordination and integration of the several

5. The scientific base of social work consists of three types of knowledge: (a) tested knowledge, (b) hypothetical knowledge that requires transformation into tested knowledge, and (c) assumptive knowledge (or "practice wisdom") that requires transformation into hypothetical and thence into tested knowledge. The practitioner uses all three types of knowledge, and carries a professional responsibility for knowing at any time which type of knowledge he is using and what degree of scientific certainty attaches to it.

6. The knowledge needed for social work practice is determined by its goals and functions and the problems it seeks to solve.

7. The internalization of professional knowledge and values is a vital characteristic of the professional social worker since he is himself the instrument of professional help.

8. Professional skill is expressed in the activities of the social worker. It constitutes his artistic creation resulting from three internal processes: first, conscious selection of knowledge pertinent to the professional task at hand; second, fusion of this knowledge with social work values; and third, the expression of this synthesis in professionally relevant activity.

Discussion. The relationship of the social work profession to the society in which it functions is not always clear and has sometimes given rise to misunderstanding. According to Whitehead, one of the major roles of a profession in modern society is to make certain that the rights of individuals are safeguarded and at the same time that a sense of community and effective social living are maintained.[2] Hence, it is as an *organ of society* that social work, like other professions, operates. This means that the goals it seeks must not be incompatible with the values held by society. It also means that the functions delegated to it by society impose a twofold responsibility: to determine the professional activities through which it seeks to attain its socially sanctioned goals and modify them as necessary in the light of changing social needs and to exercise discipline and control over practice that will insure its professional accountability. In sum, the responsibility of a profession derived from its sanction by society is to insure that its goals are compatible with the values of society, while its functions and methods are held to professionally determined standards and controls.

It must be emphasized, however, that the responsibility of social work to society as a whole by no means endows it with a set of values identical at every point with those predominating in society. The values identifiable and operative in any society are often conflicting. This profession, like any other section of society, must make some selection among them. The pressure for conformity, often identified as increasingly characteristic of our present society, has not supplanted the emphasis upon diversity valued through all our history. Social work should and does adopt what may often be unpopular positions. In the light of its own selection and interpretation of certain values which other sections of society may view differently, social work may also serve as the conscience of society.

ESSENTIAL VALUES OF SOCIAL WORK

The values listed here are thought to be compatible with those held in the culture of the United States and Canada. They express more specifically such widely held values of democratic society as the worth of the individual, the inherent dignity of the human person, society's responsibility for individual welfare, and the individual's responsibility for contributing to the common good.

project reports into a cohesive whole; (3) to facilitate the search for knowledge from other sciences and professions appropriate to social work; and (4) to make explicit and to clarify certain assumptions held in social work practice and education about the nature of social work.

[2] Alfred North Whitehead, *Adventures of Ideas* (New York: New American Library, 1955).

1. Each person has the right to self-fulfillment, deriving from his inherent capacity and thrust toward that goal.

2. Each person has the obligation, as a member of society, to seek ways of self-fulfillment that contribute to the common good.

3. Society has the obligation to facilitate the self-fulfillment of the individual and the right to enrichment through the contributions of its individual members.

4. Each person requires for the harmonious development of his powers socially provided and socially safeguarded opportunities for satisfying his basic needs in the physical, psychological, economic, cultural, aesthetic, and spiritual realms.

5. As society becomes more complex and interdependent, increasingly specialized social organization is required to facilitate the individual's efforts at self-realization. Although conflicts between individuals and society can never be entirely absent, social organization should be such as to reduce them to a minimum. A conception of the individual and society as interdependent leads to the view that just as it is the responsibility of society to provide appropriate social resources, it is the right of the individual to promote change in social resources which do not serve his need-meeting efforts. Concomitantly, it is the individual's obligation to satisfy his individual needs as much as possible in ways that contribute to the enrichment of society.

6. To permit both self-realization and contribution to society by the individual, social organization must make available socially sanctioned and socially provided devices for needs satisfaction as wide in range, variety, and quality as the general welfare allows.

Discussion. These values constitute a minimum commitment for the social worker. They imply definition of human freedom as conditioned by the exigencies of modern living.

In all periods and cultures, members of society are required to perform multiple social roles. Characteristic of modern society is increased difficulty for its members in perceiving the nature of their various and multiplying social roles. For instance, basic economic needs once met directly by individual production of food, building of shelter, and making of clothing are now met indirectly by most people through the medium of money. Thus, some essential relationships between man and nature have been eliminated, thereby probably increasing man's thirst for and demands from relationships with fellow humans by adding new social roles as earner, consumer, and so on.

As an economy of scarcity has changed to one of abundance, the economic means are now available to meet man's basic needs in the economic sphere and thus to permit increased attention to his needs in the social, emotional, and spiritual realms. In the United States and Canada, economic needs persist although to a lesser extent than formerly. Inadequate economic assistance, inadequate housing and living conditions, and inadequate health care continue to claim the attention of social workers. However, economic means enable this society to deal with these problems better, and perhaps even to eliminate them. At such a point, other problems of social living involved with the satisfaction of emotional, aesthetic, and spiritual needs assume greater prominence for social work.

While this discussion is valid for the cultures of the United States and Canada, it is only an application of a more general view which presents a rationale for the need of social work in any culture. This general view may be expressed in the following statement:

> Social workers are concerned with meeting basic human needs in the social realm. This concern is viewed not as an end goal of social work but rather as a means to an end. This position is based on the view that the satisfaction of basic human needs is an essential condition for the attainment of human dignity and

constitutes a necessary basis for individual self-fulfillment, the goal of social work as well as of other professions. The expression of basic human needs and the content of living are culturally conditioned. They vary from society to society, from time to time, and within societies may vary from group to group.

. . . Such a view of social need would lead to a concept of social work activities as ongoing and essential for the effective functioning of individuals and groups in society. This view also implies that social workers will shift their focus of professional activities to new needs as they arise from the ever faulty interaction between individuals and social institutions.

It is the nature of social work to participate in the identification and elimination of the gap that hampers individual self-fulfillment. In the United States and Canada it can be assumed that it is primarily the complexity of social life and/or the coexistence of conflicting value systems which makes it difficult for social institutions to keep pace with meeting existing as well as emerging social needs. In other cultural contexts, such as technologically underdeveloped areas, social needs may be the result of primarily deficient material resources.[3]

DISTINGUISHING TERMS

A description of social work in terms of goal and functions may be useful for two reasons. Historically, analysts of the profession have viewed social work in the perspective of goals, functions, and methods. Hence, the contributions of the past can be made use of. In addition, distinguishing among these terms can help to show both the similarities of social work to and its differences from other "helping" professions.

The helping professions have approximately the same ultimate goal, and the functions through which they seek to attain it may vary. But the methods by which its functions are discharged are relatively characteristic for each profession and therefore best reveal a profession's distinctive attributes. Hence, the *methods* of social work are conceived as the means whereby the *functions* of social work are discharged, and the *functions* of social work are conceived as the means whereby the ultimate *goal* of social work is attained.

The term *goal* here signifies ultimate goal, or ultimately desired outcome. It is the desired result of professional activities which affect the life situation of individuals, who are seen as the ultimate beneficiaries of social work activities even though the immediate recipient of professional services may be a group or community. The term *function* is used here to indicate specific categories of socially sanctioned aims that social work seeks to achieve. The term *method* is used here to denote a systematic ordering of certain characteristic professional activities grouped according to their appropriateness for use in given types of situations which require professional service.

GOAL OF SOCIAL WORK

The goal of social work is the enhancement of social functioning wherever the need for such enhancement is either socially or individually perceived.

Social functioning in this context designates those activities considered essential for performance of the several roles which each individual, by virtue of his membership in social groups, is called upon to carry out. (Typically the individual has roles in social groups related to such social institutions as the family, the church, the school, work, and leisure.) All role performance requires reciprocal activity, or social interaction, between individual and individual, individual and group, and individual and community.

All helping professions subscribe to the

[3] Werner W. Boehm, *The Plan for the Social Work Curriculum Study* (New York: Curriculum Study, Council on Social Work Education, document 6-70-12, August 1956), p. 36.

view that man must be seen as a whole. However, both the complexity of man's functioning and the increase of scientific specialization have made it necessary for each profession to take one aspect of man's functioning as the primary focus of its activities. This does not imply that man can be divided into separate compartments, or that there cannot be overlapping among the activities of the several professions.

The view of man as a whole then serves as an orientation for professional activities but does not describe a specific domain of any one profession. It enables each of the helping professions to make the best use of all the disciplines on which its professional practice is based, and at the same time to utilize appropriate services of related professions and see all professions as potentially related. This view may not, however, take into account sufficiently the character of man as a social being. In other words, while the concept of total man points up the interrelationship of those professions that deal with "the inner aspects of man," it may be an inadequate description of the particular domain of a profession which focuses upon the interactional aspects of man.

This shortcoming can be remedied by viewing the individual and his environment not as two separate entities but as an interactional field. Such a view enables social work to place its primary focus on social interaction as defined above. The patterns, directions, quality, and outcomes of man's social relationships (social interaction) in the performance of his various roles (social functioning) become the professional concern of social work. A problem presented in the area of social interaction, whether raised as a problem by the individual or by a group in the community, calls for the professional services of the social worker. In dealing with the problem, the social worker must examine the particular social relationship (or area of interaction) in which it arises and address himself to the factors in it that block social functioning. To this end, the social worker's activities are directed both to relationships among individuals and to relationships between individuals and the organized social resources of the community.

The nature of any problem in the area of social interaction is determined both by the individual's potential capacity for relationships in performance of his social roles and by the social resources he uses to satisfy his needs for self-fulfillment. Hence, the social worker focuses at one and the same time upon the capacity of individuals and groups for effective interaction and upon social resources from the point of view of their contribution to effective social functioning. In the light of this dual focus the social worker initiates (alone or with related professional or nonprofessional community groups) steps (1) to increase the effectiveness of individuals' interaction with each other, singly, and in groups; and (2) to mobilize appropriate social resources by co-ordinating, changing, or creating them anew.

Historically, two separate approaches have been characteristic of social work's attempts to enhance man's social functioning, one focused on social conditions and the other on the individual. The early reform approach, focused on the social environment, was predicated on the proposition that if individuals had an opportunity for living under adequate social conditions, their social functioning would automatically be improved. This proposition proved erroneous in a number of situations, and at best only partially true. The mental hygiene movement threw light upon the reasons why individual social functioning is not invariably affected by changes in social conditions, recognizing that not only social but also psychic conditions are operative in effective functioning.

Subsequent development of social work was characterized by a recession of the reform point of view and the emergence of concern with psychic conditions to the partial exclusion of social ones. Consciously

or not, the social worker adopted the psychiatrist as a professional model. The political and economic climate of the twenties and the tendency to overvalue the American ethos that the individual is responsible for his own fate not only made the reform approach unattractive but provided a hospitable climate for the rapid absorption and acceptance by social work of mental health insights. At the same time concentration on these newer areas of knowledge encouraged a tendency of social work to ignore available knowledge in biology, and even in psychology, if not directly concerned with emotional development. Social work benefited from the consequent development of diagnostic and treatment skills in cases of individual dysfunction, but was severely hampered by the failure to achieve a badly needed integration between the two approaches.

In the last few decades development in the behavioral sciences and continuous reassessment of the role of social work in society reflect a renewed concern with the "social" which appears in no way to be limited to social work. This concern results in part from the impact of several important social phenomena: the socioeconomic interdependence of the world; the role of the United States as an international power, in particular its activities in social and economic development abroad; the changes in everyday life foreshadowed by the conquest of outer space, automation, the use of atomic energy, increased leisure, and increased longevity. The present search in the behavioral sciences for a common theory about man and society and the application in social work of the concept of the interactional field promise for social work a broader scientific base and a final achievement of the long-sought integration between the individual and the social approach.

Actually, concern with both the individual and the social has never been entirely absent in the thinking of leading social workers. The following description of social work by Kenneth L. M. Pray is one of the finest statements of social work's function in the realm of social interaction:

> . . . Social work comes into play when familiar, satisfying social relationships are threatened, weakened, or broken, and when new ones fail to materialize or are shrouded in uncertainty or involved in conflict. It develops when people, individually or collectively, seek help in clarifying their responsibilities and opportunities within their own circle of relationships, in finding new and more meaningful relations for the fulfillment of their own wants or needs, or in renewing and replenishing their strength for meeting the hazards and difficulties and realizing the potentialities of their social situations.
>
> Social work, like other professions, such as medicine, psychiatry, psychology, education, or the ministry, for example, is always concerned with individuals at least in the sense that individual lives are always at stake in its objectives and operations. But social work, unlike the others, is never primarily concerned with the separate, inner, personal life or development of the individual as such, but always with his relation to the outer social realities in which he is involved. Even in casework—and still more obviously in social group work or community work—the criterion of the effectiveness of its service is not what kind of person this individual in himself has come to be, but always and only how he is relating himself to the situation in which he finds himself, to the values and responsibilities which these relationships hold for him.
>
> Social work is likewise always concerned with factors in the environment which create or constitute problems for human beings and which hinder or facilitate the fulfillment and enrichment of their lives. It is often concerned, for example, with broad institutional problems, like health, education, religion, economics, politics, and the like. But I submit that social work service is never primarily directed to the solution or management of any one of these problems, in

and of itself. The criterion of its service is not the quality of organization and operation of such forces and agencies, but rather, always, the way these influences and services find their mark in people's lives, the impact and relation between them and the human beings involved in them.[4]

Three major characteristics of our society likely to continue and to be accentuated, namely, rapid and uneven social change, increased social and geographic mobility, and rapid technological development may explain why the existing or traditional social roles in which individuals have functioned effectively now often seem limited, ineffective, or obsolete. Often, too, the social resources available, through which individuals satisfy the full range of their needs and achieve their maximum social functioning, are geared to the past rather than to requirements of a world characterized by rapid social change, high mobility, and technological change. More and more it appears that social work is essential at that point in the interaction between the individual and his social environment where, either through limitations within the individual or because of his situation and the nature of his environment, effective functioning is hampered or has broken down. This deficiency in social functioning can manifest itself in numerous ways. A characteristic one seems to be a sense of meaninglessness and an attitude of distance with reference to social relationships either within or outside the family. Many types of social dysfunction may result, from clearly visible and stark social deviations and violation of established community norms to the more subtle manifestations of dissatisfaction with behavior and life as a whole.

If such a description of our present society is accurate it would seem that a profession which sees man in his social matrix is the profession *par excellence* to deal with the conditions described.

FUNCTIONS OF SOCIAL WORK

The goal of social work can be achieved through the discharge of the following three functions: restoration of impaired social functioning; provision of resources, social and individual, for more effective social functioning; prevention of social dysfunctioning.

1. *Restoration.* This function seeks to identify and control or eliminate those factors in the interactional process that have caused a breakdown or impairment of social relationships. It aims at a return to a maximum level of functioning. This function may be seen as *curative* and *rehabilitative.* Its curative aspects are to eliminate factors that have caused breakdown of functioning, and its rehabilitative aspects to reorganize and rebuild interactional patterns.

2. *Provision of Resources.* This function entails the creation, enrichment, improvement, and better co-ordination of social resources and the mobilization of existing, but inoperative, individual capacity for interaction in the physical, intellectual, emotional, or spiritual realms. This function may be seen as *developmental* and *educational.* Its developmental aspects are designed to further the effectiveness of existing social resources or bring to full flower personal capacity for more effective social interaction. Its educational aspects are designed to acquaint the public (including recipients of service) with specific conditions and needs for new or changed social resources. Also involved is leadership in determining and applying principles by which this function can be carried out.

This function derives its rationale from the socially sanctioned nature of social work which obligates the profession to contribute to the welfare of the community.

3. *Prevention.* This function entails early discovery, control, and elimination of conditions and situations that potentially

[4] Kenneth L. M. Pray, "Social Work in a Revolutionary Age," *Proceedings of the National Conference of Social Work, 1946* (New York: Columbia University Press, 1947), pp. 11–12.

could hamper effective social functioning. The following subdivisions may be identified:

a. Prevention of problems in the area of interaction between individuals and groups: This is designed to eliminate or control and to follow up individual or environmental factors in interaction that may cause problems to occur, to recur, or to be aggravated; to anticipate and take precautions about "tender areas" where problems may occur.

b. Prevention of social ills: This is designed to collect and interpret data on the incidence and predictability of problems in interaction. In combination with related aspects of the function of provision, this aspect of prevention contributes to the creation of social health. In pursuing it, much may be learned about "social infection" and "social contamination" which will contribute to the further development of both functions.

In practice, the three functions of social work are not entirely separable. Activities carried on in relation to any given problem in interaction may simultaneously have restorative, provisional, and preventive functions, or may have implications for one while emphasizing another.

The degree of the worker's emphasis on one function and consciousness of its relation to other functions will be influenced by the program of the agency where the work is done. This is a corollary of the fact that social work is typically practiced in an agency which, by its very nature and existence, both symbolizes the social sanctioning of its purpose and defines the functional roles of its personnel. It is the responsibility of the agency administration as well as the social work practitioner to evaluate the primary social work function or functions to which the agency's services are directed and to determine its share of other social work functions which must be carried on in whatever degree is appropriate for accomplishing the service program.

ACTIVITIES OF SOCIAL WORK

Each function may require varying numbers and kinds of activities. To be considered professional, an activity must meet the criterion of relevance, which is to say it must be appropriate to the social work service called for by the problem of interaction.

These activities serve to render services directly and indirectly to the recipient through the methods of casework, group work, community organization, administration, and research. All five methods are required for social work practice. It is assumed that for each of them specific content can be delineated, thereby clarifying further their nature and distinguishing characteristics.

Four core activities can be distinguished: assessing the problem, planning for solution of the problem, implementing the plan, and evaluating the outcome.

1. *Assessing the problem.* Assessment requires several evaluative steps, logically consecutive, but in practice synchronized.

a. Determining whether the problem encountered is in the area of social interaction. If so, a provisional decision is made that the problem calls for social work service. If not, a decision to refer to another profession for service has to be made or the unavailability of such service noted. The provisional decision to consider the problem within the purview of social work leads to the next assessment step.

b. Location of the problem in the interactional pattern. What factors in the interaction of individuals, groups, and social resources are interfering with effective social functioning?

c. Determining which of these factors yield to intervention by social work. This assessment leads to the final decision as to whether the problem is to be tackled by social work at all, and if so whether alone or with other professions and community groups.

2. *Planning for solution of the problem.* In the light of this assessment, a plan of

action must be developed. This involves:

a. Choosing the appropriate method or methods of social work. Should one or several be used?

b. Choosing an appropriate resource for service—deciding to accept, to refer, to carry jointly with another agency, or to note a lack of appropriate resources.

c. Predicting the outcome expected from services to be rendered.

3. *Implementing the plan.* This involves rendering all the specific and interrelated services appropriate to the given problem situation in the light of the assessment and planning.

4. *Evaluating the outcome.* This activity involves another and final assessment and determines the effectiveness of service in the light of the expected outcome formulated as part of the planning activity.

CONCLUSION

The following definition of social work emerges from this statement: *Social work seeks to enhance the social functioning of individuals, singly and in groups, by activities focused upon their social relationships which constitute the interaction between man and his environment. These activities can be grouped into three functions: restoration of impaired capacity, provision of individual and social resources, and prevention of social dysfunction.*

As a framework for ordering educational objectives for social work, the statement suggests that an appropriate combination of undergraduate, graduate, and in-service training curricula should provide (1) pertinent knowledge on the interaction between man and society; (2) appropriate attitudes toward man, society, and their relationships; and (3) skills for carrying out the activities required by the functions of social work.

In essence, such an educational regimen has these goals: to develop knowledge, skills, and attitudes for the achievement of both perspective and a focus of activity for social workers. The perspective is a conception which views man and his environment as a field of interacting forces. The focus of activities is the professional intervention in that aspect of man's functioning *only* which lies in the realm of social relationships or of social role performance. The perspective social work shares with most helping professions. The focus on social relationships, however, is suggested as the *distinguishing characteristic* of the social work profession.

BY ARTHUR L. LEADER

The Problem of Resistance in Social Work

LITERATURE IN THE helping professions abounds in discussion of the genesis and manifestations of ambivalence. Though elementary and basic to all daily living and especially pertinent to professional consideration, the concept of ambivalence nevertheless seems difficult to assimilate and utilize in social work operations. The existence of negative feelings, particularly as an expression of resistance, seems to present even greater problems to social workers, particularly in the early days of their careers. Experience indicates that despite the availability of sound training and eloquent literature, it remains difficult at times to recognize the devious and subtle expressions of ambivalence and to handle them comfortably and constructively.

The prevalence or frequency of a phenomenon does not in itself insure appropriate understanding and activity. The universality of love and hate, for example, does not seem even from one generation to another to reduce problems in these areas. The management of the wide range of human emotions remains indeed a complex and difficult process for each person as he grows toward maturity. Anxiety in some form is a part of life. Even the seasoned actor traditionally experiences anxiety on opening night. Feelings about oneself and others, conscious or unconscious, continue to be a powerful human force. These feelings exist for people in trouble and they also operate, though disciplined, in the people designated to help them. This is as it should be for the helper must constantly be aware of the influence of his own feelings in order to be of maximum service. Although it may be platitudinous to refer to the naturalness of feelings, observations of personal and professional operations give evidence of the existence of chronic difficulties in accepting the validity of certain basic feelings.

No attempt will be made in this paper to discuss the complex genetic reasons for such a conflict. Suffice it to generalize that different life experiences do account for the varying degrees of anxieties inherent in interpersonal relationships and different methods of handling them. Maturity evolves from a progression through psychosexual stages and a resolution of major conflicts that results in a comfortable and tolerant attitude toward differences in people and in opinion. Such an achievement makes it easier to cope with inner feelings and therefore with issues constructively and economically.

One can conclude that insufficiencies of maturity will lead to unduly stressful and inefficient ways of coping with anxiety. It then becomes difficult to assume responsibility for one's own feelings and actions. It is only through responsible behavior (maturity) that one can consistently face problems and therefore arrive at appropriate decisions. In view of the importance of personal maturity in professional performance, a few ideas, essentially in the area of the purposefulness of current behavior rather than genetic roots, have been selected for discussion, recognizing, however, that this is just brief reference to a complicated and well-covered subject.

UNDERSTANDING AMBIVALENCE

It is universally accepted that the need for love is basic to all human relationships. It is perhaps not so widely received that the existence of resentments is just as basic. When resentments are expressed, the person

ARTHUR L. LEADER, M.A., *is chief, Social Work Service, Winter Veterans Administration Hospital, Topeka, Kansas.*

toward whom they are directed sometimes tends to feel that the other person does not or may not love him. The partializing of hostilities into proper perspective is indeed difficult. In addition, there is common failure to recognize that two opposing feelings —love and hate, fondness and irritation, the need to care for and be cared for—can exist simultaneously side by side. Human beings in times of stress tend to retreat to imbalances, distortions, and polarizations. Therefore, the expression of negative feelings by someone else is not always easily acceptable, and the internal impact on the recipient makes it more difficult to react appropriately and constructively to the issue rather than out of his own emotional involvement.

Social workers experience this issue of ambivalence in their work. All of us—caseworker, supervisor, administrator—need love in its broadest sense or at least approval on our jobs. The expression of hostility is sometimes interpreted and felt as personal rejection and total disapproval. Introspection, though sound, if too restrictive may lead to a premature fixing of responsibility for the source of the hostility and therefore inappropriate guilt feelings. There are times, too, when criticism from our supervisors may be experienced as total disapproval. And there are times when any effort to help may be felt negatively as a threat. In using help, casework or supervisory, there may be some anxiety, and both the helper and the person being helped eventually have to learn that in coping with the anxiety, the expression of any side of the ambivalence is a natural part of the growth process.

Decisions are made in terms of what is good for the whole. Even the soundest decisions at times may affect some parts—people—adversely. For some, they bring changes, shifts, differences, loneliness, that are apt to generate some negative feelings. Since decisions may provoke some people at any level, decision-making always involves risks of absorbing hostility and some possible unpopularity. Repercussions may be either directly or subtly expressed. Although the social worker at all levels does make decisions, the more authoritative the position, the more risks involved and the greater the need to absorb negative feelings. For example, when the patient focuses his hostility on the caseworker for holding him to discharge from the hospital, the worker can ventilate his feelings to the supervisor. The administrator in taking the resentments of a supervisor can usually neither ventilate nor displace but must absorb feelings within himself. It is difficult to live with these feelings, and even more so to examine objectively what is inherent in the situation, what is projected, and what requires self-change. The assumption of this kind of extensive responsibility takes courage and maturity.

The concept of empathy, an important ingredient of maturity, provides a vital foundation for professional practice. Empathy may be defined as the identification with the feeling and thinking of another as separate from one's own reactions to the same situation. Such identification involves freedom to respond through the heart and mind of another person while at the same time consistently maintaining some difference. Empathy therefore involves problems of risk, fear, control, and thinking.

If the experiences of another appear too alien and remote to the experiences of the helper, there is the potentiality of fear of the unknown and failure to feel and understand. If the experiences of another seem too close, there are dangers of feeling and becoming exactly alike the other person. In either case, not only is there unsatisfactory emotional involvement but the helper then is in no position truly to appreciate differences in the other person. Nor is he free to undertake the difficult task of consistent conceptualization about the experiences of another. The requirements of sustained emotional but disciplined investment and continuous cerebration call for unusual forms of selflessness and hard work. Limitations in either emotional or intellectual involvement result in difficulties in accepting differences and feelings in others. These

difficulties also increase the potential dangers to the ego and therefore tend to evoke personal reactions. It is then that ambivalence and resistance in others can easily lead to doubts and confusions.

Cultural influences contribute to the complexities of the problem of ambivalence. Stressing competition, rugged individualism, self-sufficiency, and control of feelings, our society tends somewhat to inhibit the expression of feelings. Characteristic expressions are: "Don't cry, only babies cry!"; "boys don't cry"; "there is nothing to be afraid of—if you only try, you can make it." Since even in our free culture the expression or even existence of negative feelings, particularly during the early formative years, tends to be minimized or denied, it is only natural that such feelings come to be regarded and experienced as "bad" and produce guilt. If we tend to have difficulty with our own negative feelings, we can then expect to have difficulty with those outside ourselves.

PURPOSE OF EXPRESSING FEELING

Perhaps a fundamental source of trouble stems from a common failure to consider fully the *purposes* served by the expression of feeling, positive as well as negative. Because of the problems discussed above, the expression is too often experienced as a personal threat. Although we cannot help but be touched by the feelings of the patient, it may be helpful to look at what he gains through such expression. In professional relationships it is not only skill, not only transference phenomena, not only current feelings that are important, but also those feelings and activities that arise from the patient's attempts, conscious and unconscious, to preserve the *status quo* or to avoid facing his problems. These would emerge in some form regardless of the differential skills and personalities of different workers (within limits). As Dr. Fromm-Reichmann states, the hostile outbursts of patients are "determined by the function and not by the personality of the therapist." [1]

Failure to consider the intent of the current feeling may lead to possible diagnostic confusion and falling into "traps." If the patient in expressing anger toward the worker is attempting to keep the worker and himself from facing important issues, it is reassuring to the worker to realize this and to be free of needless questioning of self and to refrain from a fruitless search for the source of the feeling. Failure to recognize the intent of the communication may place the worker in an uncomfortable "trap" where he is virtually immobilized as he finds himself preoccupied with his own concerns rather than the patient's situation. When the patient succeeds in springing such traps, he may in a sense, through the expression of one side of his ambivalence, tragically be destroying the source of help even though some motivation for help still exists. And the worker feels increasingly uneasy and helpless.

Although there has been focus on the negative feelings, the expression of resistance involves many mechanisms that seek out the vulnerabilities of the worker. The expression of positive feelings can also successfully serve to steer the worker away from the patient. Subtle seductive threats, sexual gestures, and flattery are not always what they seem, and can serve as defenses against the worker's intrusion or help. For example, a schizophrenic male patient makes veiled sexual threats to a new woman social worker. In this instance, it appears that a part of him is attempting to embarrass rather than seduce her. This does not mean that his positive feelings are not real and that he is also not struggling against his own growing positive feelings and dependency. However, a part of him must be hoping that the worker's embarrassment will keep the worker from focusing on his problem.

In working toward discharge of a hospitalized psychiatric patient, the worker

[1] Freida Fromm-Reichmann, M.D., *Principles of Intensive Psychotherapy* (Chicago: The University of Chicago Press, 1950), p. 23.

questions why the patient has not yet taken advantage of vocational service. The patient's response that "I see I have made you angry for not going there" does succeed in arousing the discomfort of the worker as manifested by his inaccurate verbal denial and full retreat from focus on the patient's feeling. The patient contributes further to worker immobility while reinforcing his own resistance with the parting statement, "But we can be friends, can't we?"

These concepts apply at all levels. The supervisor, following consultation with the administrator, decides to change his approach by taking more initiative in conferences with the worker. When the worker experiences this change and confronts the supervisor with it in a somewhat challenging way, the supervisor rides out limply his own temporary feelings of discomfort by refusing to discuss this with the worker.

The supervisor, in berating the administrator for his "hostility" toward him at a time when the administrator has questioned the supervisor's overdirective activities with a worker, is attempting in a similar way to divert the administrator from his own problems with the worker. The obvious purpose of this primitive projective mechanism is internal resistance of the supervisor toward assuming his responsibility for the problem and its resolution.

A FACT OF LIFE

If we could only fully recognize that resistance in all phases of life is natural and healthy, perhaps we could be less concerned with its manifestations. After all, people do have to express their resistances in some way. Full acceptance does imply a real appreciation and respect for the right of the other person not to change. A limited acceptance may at times be reflected in an overconcerned and anxious approach which may serve only further to mobilize the initial resistance. All such phenomena do not always take place in words. Action, sometimes in direct contrast to the verbal communication, provides a way of working out the resistance. We are all familiar with examples at all levels of sustained protests of "I can't do it!" If the helper has not become unduly uncomfortable and has accepted the protest as a real possibility, we find that the helper despite his protest does at times proceed to accomplish the goal he so strongly opposed. Many patients protest the impossibility of their leaving the hospital. Yet many of them, particularly as they are given opportunities for expressing their mixed feelings, do leave.

If resistance (in others and self) is recognized and accepted as a fact of life, then there is likely to be less tendency to do something about it prematurely. Most of the time, as new supervisors discover in time, resistance of the worker, unless excessive and prolonged, need not be "broken down" or even discussed. Time itself with accretions of successful experiences can often facilitate progress. Since ambivalence is a fact of life, people can change and move even while in conflict. Patients who resist leaving the hospital do so every day without always a necessary resolution of their resistance because their positive motivation to leave happens to outweigh their reluctance. Some people do have to learn to live with their resistances and perhaps neither they nor anyone else can do anything about them. There are times, of course, when resistances must be handled. At these times, hopefully, the helper then acts out of his own clear diagnosis of the problem and purpose of the resistance and his sustained sense of empathy and comfort.

Resistance often has its counterpart in willingness to change. The extent and force of the resistance can at times deceptively obscure the other side. One part of the schizophrenic patient may want himself and us to believe that he cannot grow up. One must constantly be alert to and test out for the existence of growth potentials. If the patient appears to have no motivation for health and resists all efforts to help him, then it can be said, at least for the time being, that although there is resistance, there is no ambivalence and no current pos-

sibility for help. Therefore, it is essential to discern both sides of the ambivalence where they exist. It is doubly important in working with psychiatric patients to watch out, amid hostile outbursts or determined passivity, for positive clues, for subtle flickers of light, for veiled pleas for help.

For the psychiatric patient with weakened ego who actively fights off help or passively retreats from any request for help, it is too easy to conclude that the patient cannot use help. Although often enough we cannot reach him, there are times when through our persistent empathy and patience we may see a tiny bid for help, which if properly handled may release new feelings for social work utilization. One hospitalized psychiatric patient profaned his social worker; the worker remained comfortable. He first heard the patient say, "I don't want to see you again" and shortly thereafter, "I'm glad you didn't go away. I was really angry with myself; you understood it and I want to continue seeing you about plans for leaving the hospital."

One worker consistently and cleverly managed to keep his supervisor in turmoil until his success frightened even himself. When he finally conveyed to her that he could not control his need to flee and fight, that she would have to take more responsibility in not permitting him to get away with his negative use of supervision, this handle (a sudden clue to his positive motivation) did give her added strength to become more firm and responsible. This paved the way for a different, more constructive supervisory relationship.

A case supervisor who consistently could not face the poor performance of his worker, in his difficulty tried to provoke the administrator, who was trying to help him extend his vision. Since offense sometimes serves as the best defense, the supervisor aligned himself with the worker against the administrator. Although the administrator did not relish this position, he appreciated the difficulty for both and recognized the purpose of the maneuver. The supervisor in the face of the administrator's knowledge and comfort was able to recognize how basically the seriousness of his very own questioning of the worker's performance had frightened him away from facing the problem. His recognition, once verbalized, provided him with sufficient strength to resolve the problem constructively.

SUMMARY

An attempt has been made in this paper to discuss some of the factors involved in the persistent chronicity of professional problems in dealing with the phenomena of ambivalence. Anxiety as a normal ingredient of psychological growth and reactions to cultural forces appear to have substantial influences. Movement toward personal maturity and professional discipline involves increasingly effective ways of coping with anxiety and responding to cultural pressures. Since resistance to change is often experienced as a personal threat, an analysis of the purpose of the resistance in addition to self-examination might lead to appropriate depersonalization and consistent focus on the situation of the person being helped. Resistances can be expressed in a variety of ways that range from overt hostility to subtle flattery. If these expressions, positive and negative, can be viewed and comfortably accepted as natural phenomena, there is likely to be less concern with the emotional content itself and instead a more helpful response to the intent.

Focus on the intent or purpose of resistance should contribute toward a comfortable service-centered orientation while at the same time clearly paving the way for indicated activity. It is not always necessary to deal directly with resistance. People in time and with experience and even with unresolved resistance do change. When resistance operates as an expression of ambivalence, it is especially important to be alert to the existence or emergence of new clues for help. These can then be grasped at any level for utilizations in accomplishing the goal determined by the function of the helping person.

BY JAMES F. COOPER AND ELIZABETH KITTRELL

One Group for Both Parents: An Experiment

PARENTS' GROUPS ARE frequently used in the treatment program of child guidance clinics; however, the inclusion of both mother and father in the group process is relatively unusual. A group program involving both parents was begun in the fall of 1956 at the Child Guidance Clinic of the Department of Psychiatry, University of Tennessee College of Medicine, in Memphis, Tennessee. The groups were conducted by two social workers. Evaluation of the program after nine months indicated that this approach had proved its value.

It is the writers' conviction that this type of parents' group program can be carried out successfully in child guidance clinics by social workers. For this reason they wish to share with other practitioners their experience with these two groups. The following discussion will consider rationale for starting the groups, selection and composition of group, procedures, the leader's role and the group's response to this particular kind of role, treatment, and stages in the group process.

RATIONALE

A two-parent group program was begun for a number of reasons. First, the group approach would free valuable staff hours for individual treatment of children, thus diminishing the clinic's waiting list. The two-parent method was preferred to the more traditional mothers' group since it was felt the fathers too often had been excluded from the total treatment plan for their children. The clinic considered a child's problem as a family problem in which were involved the interpersonal relationships particularly between child and both parents but also between the parents themselves. Frequently the child's problem is largely a reflection of the parents' marital conflict. Including both parents in a group process seemed to provide the best approach for communication between the parents and treatment of the total family problem. In addition, the group process itself, as elaborated below, offered special advantages for treating parents over and above that afforded in an individual approach.

GROUP COMPOSITION

Parents became available for the group program after the initial diagnostic work-up at the clinic staff meeting in which the child's case was discussed and disposition made. Decision as to whether parents would be suitable for a group was therefore a staff decision; however, the social workers were present at the staff meeting and carried considerable responsibility in deciding whether the parents were suitable for a group. Heterogeneous diagnostic categories were represented and included reading and other academic difficulties, speech

JAMES F. COOPER, M.S., *is chief psychiatric social worker for the Gailor Child Guidance Clinic and* **ELIZABETH KITTRELL, M.S.S.W.,** *is chief psychiatric social worker for the Gailor Mental Health Clinic, Gailor Psychiatric Hospital, Memphis, Tennessee.*

difficulties, habit disturbances, acting-out behavior, inability to get along with peers and siblings, and school phobias. Certain types of children's problems were excluded from the groups, marked sexual deviations, for example, because it was felt that verbalization would be very difficult for the parents of these children. Excluded also were parents who themselves were seriously disturbed.

Two groups were formed. Group A was of higher socioeconomic and educational level than Group B; it was felt group interaction would be facilitated if the members were of similar social background. Religious backgrounds and ages of individuals were varied. It was decided that the groups should not be integrated in the belief that this would be a deterrent to group interaction in our particular setting.

PROCEDURE

Both parents' groups were open groups because of the expectation that, as some couples dropped out and others were discharged, replacements would be made. The groups were planned to continue with a fairly stable numerical attendance. Since desired attending membership was six to eight people, group enrollment was maintained at about five couples; it was expected that about 70 percent would usually attend. After a couple was selected and when there was an opening for them, the group's leader arranged an individual interview with them as preparation for the group experience. Similarly, the first meeting of both groups was preceded by individual interviews with each couple. The decision as to when a couple would be discharged was made jointly by the social worker leading the group and the couple. When the couple or the leader felt that termination was indicated (the leader communicated regularly with the child's therapist), an individual interview was arranged to discuss the advisability of termination.

The two groups met one hour a week and on successive hours the same evening. One social worker conducted Group A while the other recorded. For Group B the reverse was true so that each social worker functioned in both roles. This arrangement continued for approximately nine months; the groups were discontinued for the months of July and August because of vacations, both staff and group members.

Note-taking by the recorder included names of members present, the summarized content of each parent's productions, major themes considered and level of discussion, indications of group interaction and involvement, and the leader's role. Immediately after the second meeting each week, the two social workers met to consider the most significant aspects of the two meetings. Further use was made of these notes. There was regular consultation with the director of clinical psychology, who had had considerable experience in group psychotherapy.[1]

ROLE OF LEADER AND RECORDER

The word "catalyst" best defines the role of the group leaders. Their verbal participation in the group process was minimal. Little active direction was given to the parents in their efforts to evolve themes for discussion. Rather the leaders reinforced productive discussion—examination of the parents' own feelings, relationships of their own behavior to their children's problems, and examination of their own interaction in the group. This seemingly passive role of the leader placed on the members direct responsibility for their own involvement in the group process. That is, the parents were encouraged to react to one another rather than to the leader only. This approach apparently did not alter the groups' attitude toward the leader as a clinic staff member.

The role of the recorder was completely passive. He sat apart from the group par-

[1] Dr. W. T. May.

ticipants, had no communication with them during or before the meetings, and left the room promptly when the leader indicated that the hour was at an end. The value of the recorder was in his objective view of the group process and the leader's actions during the sessions, which these observations provided.

TREATMENT METHODS

The reinforcement and nonreinforcement mentioned earlier was accomplished in several ways. The leader's bodily movements, posture, and general attitude, together with verbal indications of interest and approval, were utilized. For example, when the group members were discussing unproductive topics or displaying superficial or pseudointellectual chatter, the leader sat relaxed, unconcerned, almost disinterested, thus demonstrating that he, the authority figure, was definitely not involved in this talk. When any of the members began to explore tentatively such things as the relationship between his own anxiety and appearance of problem behavior in his child, the leader leaned forward with interest, asked for further clarification of the statement, rephrased the statement, or asked for comments by other members on this idea. In this way, in spite of the fact that the leader gave no direct suggestions, he manipulated the group toward positive movement. This same principle of reinforcement and nonreinforcement was used with members individually. Although the groups were each somewhat homogeneous, there were, of course, marked individual differences among the couples and between husband and wife combinations. The leader encouraged each comment of a passive member and responded less frequently to those who tended to dominate the group's activity with much talk.

In addition to the chief method described above, the leaders used two other kinds of activity—support and intervention. As the group became increasingly involved in self-examination, anxiety mounted. At times this anxiety level became so high as to interfere with effective group interaction; relief was then given by the leader. For example, a general feeling of despair sometimes pervaded the group, with members expressing discouragement about slowness of progress or about new problems arising in the children's behavior. In order to prevent the group from becoming immobilized, the leader would offer direct encouragement, recognize the difficulty of the parents' problems, and give reassurances that these trying situations were not unexpected in the treatment process. These supportive measures usually served to lower the anxiety level so that the group could proceed more effectively. Group anxiety did not flow evenly. If it seemed that one couple's anxiety was becoming overpowering, the leader offered reassurance directly to this one couple.

Intervention by the leader was used sparsely; its chief purpose was to avoid acting-out behavior that might prove embarrassing and detrimental to group unity. Many of the couples in the groups had marital conflicts and, stimulated by the general group freedom of expression, open arguments sometimes developed. When flare-ups grew too severe, the leader could interrupt with a brief expression of support followed by change of topic, or by calling the session to a close if it were nearly the end of the hour.

Interviews held by the leader with individual couples were of great importance, both to the couples in question and to the progress of the total group. The individual interview which preceded each couple's entry into the groups was essential. In this meeting the leader interpreted the general findings of the Child Guidance Clinic concerning the child's problem and the total treatment plan. The parents' group was presented as being an integral part of the child's treatment and as such would require regular attendance. In addition to

setting down the date, place, and time of the meetings, it was made clear that the purpose of the group was to help the parents come to better understanding of their own and the child's situation through collective expression rather than by lecturing or question-answering by the leader. Confidentiality was assured the couple and it was explained that although free discussion was the keynote of the group meetings, there was no pressure put on the members to talk if they did not feel like doing so. In this manner each couple was helped to enter the first meeting with less discomfort and with some general orientation to the nature of the process in which they were to participate.

Between-meeting contacts by individual couples with the leader were discouraged. On occasion, however, individual interviews were initiated by the group leaders to meet special needs of a couple that did not have direct bearing on the group, or to facilitate group action by aiding a couple to adjust to the group's forward movement. Examples of interviews to meet special needs are: to discuss changes in individual fees, to reclarify a couple's erroneous impression of their child's intelligence level, or to give immediate support in relation to the near-panic feelings of a mother. Examples of interviews to help couples adjust to group movement are: focusing more intensively on a decision that had blocked group progress for weeks or inducing needed motivation. The latter situation arose several times in both groups when one or another marital partner retarded the whole group's movement by his intellectual removal of himself from the child's problem situation or refusal to attend group meetings.

PATTERN OF MOVEMENT

The group movement mentioned above refers to the group as a medium which was used by the individual couples to achieve increasingly constructive ends. Individual couples passed through stages marked by anxiety, resistance, self-examination, and self-awareness; similarly the groups themselves passed through stages in their usefulness as a medium for their individual members. With some variations the two groups followed generally the same pattern in their movement process.

The initial phase of the groups was one of insecurity about the group treatment itself, lack of any feeling of group unity, and dependence on the leader as an authority figure. It is interesting that this type of dependent reaction continued to some degree throughout the treatment, in spite of the pregroup structuring and ample evidence in the sessions that the leader was not going to "give advice." Discussion themes related chiefly to description of the children's problems, most of the remarks being directed to the leader and frequent appeals made to him for reassurance or answers to specific questions. In almost every case the questions were turned back to the group. This approach was varied during the first few meetings by occasional supportive statements or by pointing out that progress would be gained through the members' own achievement of awareness rather than through "insights" given by the leader. This explanation also provided a measure of support to help the members over the difficult experience of accepting responsibility for their own progress.

The second phase or movement was marked by general hostility and resistance sparked by the groups' frustration over the leader's passivity. The hostility was expressed in many subtle ways, such as the exchange of casual, almost impertinently humorous comments about the leader's silence, or comments about the various "so-called experts" whom desperate parents consulted. The resistance to self-examination was seen in the development of more generalized talk about the children, some projections of blame onto teachers, television, and so on, and even digression into

completely unrelated subjects. Before long one or another couple began making tentative references to their own involvement in the children's difficulties. For example, a parent told the group "Whenever my husband and I argue, our boy runs to his room and closes the door," or "When I get upset my child seems to sense it." The discussion of these areas created some anxiety among the members and returned them to the more comfortable discussion of the children themselves.

For many meetings thereafter the verbalizations fluctuated between self-examination and retreat into safer topics, talk being laced with varying expressions of hostility and anxiety. They were then in the third phase. During this process the feeling of group unity began to develop, and instead of looking to the leader for answers the members began to be supportive or critical of one another. The most notable changes of behavior and attitude came as a result of this freedom of expression among group members. Identification with the therapeutic peer group allowed the members to accept direct attacks on their attitudes which they would not have accepted from the leader. A father who had been quite impatient and unfair to his daughter was openly criticized by the group; later he was able to examine his behavior more objectively and to have more consideration for the child's rights as a person. A mother who had been opening her adolescent daughter's mail asked the group whether they thought this was "too nosy" and much to her husband's amusement, received a resounding "yes." This particular husband, a somewhat passive and noncommittal person, was helped by such events and by encouragement from the group to be considerably more open in his verbalizations. Several couples profited greatly by expressing previously unspoken conflicts. Some were helped by simple concrete suggestions from the group, such as avoiding any argument within hearing of the child. The emotional release of expressing anxious or negative feelings about themselves, about the children, and about the leader was in itself therapeutic for most of the couples.

The fourth phase began with behavioral change and insight. Under the impact of these group processes combined with changes in the children's behavior as they progressed in treatment, the improving parents found their attitudes relaxing and changing almost inadvertently. Usually, in fact, behavioral changes were occurring before any insight was expressed in the group. Frequently following any group expressions of self-awareness or self-criticism there appeared a plateau in group movement, during which the parents reviewed the discussion of the previous meeting or even returned to descriptions of their children's problems. All these stages were interrelated and overlapping; characteristics of each phase were seen in every other. When they had reached the fourth stage, the leader was able to take a somewhat more active role and to point out certain aspects of the group process, such as the way in which the members were using "safe" topics to avoid the more uncomfortable scrutiny of their own attitudes. This was the point at which the members seemed to be receiving maximum benefit from their group experience.

As in every treatment process, the parents' groups had periods of retrogression. These usually occurred when anxiety became too high and most particularly when new members were added to the groups. The arrival of a new couple tended to retard the forward movement of the others who had progressed beyond the first stage. However, the more advanced members helped the new ones telescope their achievement of integration into the current level of group movement.

Individual couples, of course, used the group process in various ways, according to their own personality structures and needs. Mr. and Mrs. R, parents of a schizophrenic adolescent, were both passive and

self-conscious. They said almost nothing during the first eight or ten sessions but listened intently to comments of other members. After the eighth session they offered transportation to a mother whose husband was not attending the meetings; this arrangement continued for several months. When Mr. and Mrs. R made any hesitant contributions to discussion, these were reinforced by the leader. Though their verbalizations were never as productive or as frequent as those of other group members, they gradually grew more spontaneous and relaxed. Their group identification in and of itself was a positive experience.

Mr. and Mrs. S were examples of more dramatic use of the group. The school problems of their intellectually superior son resulted from the stress of the rigid and striving mother and the punitive father. From the beginning the mother dominated the group with expressions of anxiety and questions directed toward the leader. The father minimized the problem with joking comments. As discussion of parent-child relationships became more intensive, the mother became increasingly anxious and hostile toward the leader. She tried to manipulate the leader by extra-group contacts but was repeatedly referred back to the group. The beginnings of change were seen during a particularly productive group meeting in which the mother became noticeably pensive. Her silence enabled the father to be more active. He spoke about their marital conflict, making serious contributions for the first time. Mrs. S responded in kind. Behavioral changes began occurring in the child. This resulted in more relaxation and flexibility in the parents. A chain reaction was in operation which resulted eventually in the complete disappearance of the child's symptoms. It was not until shortly before discharge, however, that the parents verbalized their insight into the underlying reasons for their child's problem.

SUMMARY

The evaluation of this two-parent group method was encouraging. In both groups 19 couples were involved. Of these, 8 were discharged because their children's problem behavior had disappeared. Five couples dropped out; of these 5, 3 dropped out after the first meeting, one after five meetings, and one after seven months, because of illness. Six couples remained with the groups to continue when they began again in September; of these, 4 had shown some improvement and 2, none.

The special significance of these two groups lies in the inclusion of both parents. The object of this group treatment method was to facilitate joint examination by parents of their marital and parent-child relationships. The key to treatment in these groups was in the leader's role as a catalytic agent, in which a passive control of group process resulted in a chain reaction of self-examination and behavior changes in the members. The principle of reinforcement and nonreinforcement was used chiefly, but use of supportive statements and occasional direct intervention was helpful. Infrequent individual interviews were used to help in the forward movement of the total group or to deal with problems not directly related to group process. Both groups passed through similar stages in their growth as a helpful medium for the parents. Individual members used the group in different ways according to their own needs. On the basis of this experience it is the writers' belief that this method can be used effectively by social workers in child guidance clinics and perhaps in other settings as well.

BY ROSE MASSING

Neglected Children: A Challenge to the Community

DOCTORS, NURSES, AND social workers in a hospital come into contact with a segment of the population that is not well known, except academically perhaps, to many sections of the community: physically and emotionally neglected children. Impressed by the unhappy circumstances of these children and the lack of resources for coping with their complex problems, we have made a study in which we hope to highlight their needs and to point toward some possible solutions. In this paper we are concerned with twenty children who were not treated adequately prior to admission to our hospital and whose condition at time of admission indicated gross physical neglect. This kind of case probably exists in most communities of our country; it is important that a method be established to prevent as great a degree of this type of breakdown as possible. As Lorena Scherer has pointed out, aroused communities across the country "must give increased attention to the provision of protective services to children in their own homes." [1]

The following eight cases are used to bring these problems to life, and to illustrate their impact. Social workers in many general and children's hospitals confront these types of problems daily.

NO BASIS FOR NEGLECT

At the age of four months Robert D gave the appearance of a two-week old infant. He had a congenital heart condition. He was on the brink of death at the time of admission, extremely pale, underdeveloped, and malnourished. He weighed but six pounds at this time, less than the average weight of most newborns. We learned that the mother, a woman of forty-six, had a long history of alcoholism and promiscuity; this baby had been born out of wedlock. There was a thirteen-year-old sister with a history of delinquent behavior. The family was on relief.

The County Child Welfare Department stated that it could not take this case to court on the basis of neglect. The doctor could not charge medical neglect because it could not be proved that a course of medical care had been deliberately refused.

Since courts exist to carry out the spirit behind the law as well as the law itself, the following letter (quoted in part) was sent to the court in the hope that the court would grant the potential of harm to the child:

> Robert was brought to our emergency room in a deeply cyanotic condition. . . . Examination revealed a very sick baby. Because of general weakness, Robert takes his bottle feedings very, very slowly, taking at least an hour for one feeding . . . prognosis is very poor . . . with careful attention for a year or longer he might improve. If he gained sufficient weight and strength, cardiac surgery might be considered which would make his prognosis for a healthy life a better one . . . We would recommend placement of this child in a foster home, directly from our hospital, for a period of six months to a year or longer, until his health has im-

ROSE MASSING *is a pediatric social worker at Mount Sinai Hospital, Cleveland, Ohio.*

[1] Lorena Scherer, "Protective Casework Service," *Children*, Vol. 3, No. 1 (January–February 1956), p. 27.

proved sufficiently to live in his own home.

Robert was placed in a foster home, but with the realization that to help this mother become rehabilitated for the care of her own child an agency was needed which combined both legal authority and a casework approach.

THREE IN ONE FAMILY

Another case situation in which foster home care was a partial solution was that of Daniel E, a two-and-a-half-year-old Negro boy. The E family was referred by the Policewomen's Bureau when Daniel and his twin sister were brought to the emergency room. Physical examination revealed marked dehydration, lesions over the buttocks, genital regions, and the scalp. Daniel was hospitalized at our hospital and his sister at another. A year later it was necessary to readmit Daniel, again in a condition of severe malnutrition. Once more his twin sister was hospitalized in another hospital as was a third, younger child. Ten days later we learned that the third child had died. In the doctor's opinion this child's condition reflected gross neglect.

Daniel was one of five surviving children of Mrs. Norma E, a twenty-nine-year-old woman widowed by the sudden death of her husband who had been stabbed to death while away from home late one night. She was overwhelmed by the murder of her husband and the burden of caring for five preschool children.

Mrs. E could not come to the office for an interview because she was busy "running between hospitals." A home visit was acceptable. The home was found to be very neat. Mrs. E, however, appeared withdrawn and defeated. In a monotone she said that she could not explain the illnesses of the children, only that they were premature and did not want to eat. She expressed a state of hopelessness in her posture and her voice.

Mrs. E responded to our encouragement to place her children voluntarily in foster homes to insure their continued health after hospital discharge. Although the children thrived in the foster homes, it was not possible for the child-placing agency to establish a working relationship with the mother and the children were finally returned to her at her request.

Here again a casework agency vested with authority for legal action might have made regular visits for the supervision of the children, with a view toward either helping the mother function more adequately or removing the children permanently after a period of careful evaluation.

NONRESIDENTS

Ruth F, age seven, and her brother George, age three, were admitted together from the emergency room with temperatures of 103 and 106, acutely infected ears, and findings of malnutrition, anemia, and questionable retardation. Ruth was a friendly pathetic little seven-year-old with large brown eyes in a white thin face, a sweet somewhat vacant smile, and very neglected teeth. George, age three, was a skeleton with pasty coloring. Both the children were docile and dull. They were always together on the ward. They gobbled their food and wanted more.

The mother was a large heavy-set woman who expressed herself readily but appeared shy and fearful. In a halting way she told her story: she, her husband, and her ten children had been living in our city only a few months. For the previous three years they had been living in a small Ohio town. Mr. F had been working as a truck driver earning about $75 per week, but there had been long periods of unemployment. The F's came to this city in the hope that they could gradually establish themselves here. They have had twelve children. Two of the children died, one of cancer, another of a congenital heart condition. Eight years before, a fire wiped out their property. Mr. F was extremely underweight and sickly. Surgery had been recommended for Mrs.

F who might have a uterine malignancy. There was seldom enough food in the house to satisfy all the children. They paid $93 a month for rent and utilities in a cold, ugly flat in a substandard neighborhood. Later Mrs. F was able to tell the social worker that her husband lost several jobs because of excessive drinking.

We attempted to help the family obtain financial assistance but the F's were not eligible because they had been here only five months and would need to be willing to return to their last community in order to obtain financial help. We were able to arrange for a Fresh Air Camp experience for some of the children in this family, all of whom were very much underweight. One of the children needed a tonsillectomy, another attention to a hearing problem, and another psychological testing for proper school placement. Following the rejection of his request for financial assistance, the father now refused to give his consent to surgery or to other forms of assistance because he did not "want charity."

It will be recognized that this case situation does not represent an unusual "case" in our city but does present quite grimly, in one family sample, what we all know: problems of adjustment for the newcomer to large cities from southern and rural communities; the lack of adequate housing along with high rentals for substandard housing; the difficulty of finding the "right job for the right person"; the emotional strain of adjusting to the complexities of big city life; and the strange, proud quality of the newcomers who are neither able to swim in this new milieu, nor willing to admit their need for help.

Annabel, age five, was admitted with an acute kidney disease secondary to untreated scarlet fever. The mother said there were six other children; at least two of the others, she thought, had had scarlet fever. When the worker made a home visit, by appointment, she found one of the most appalling home situations that she had known in recent years. There were six children, ranging in age from five weeks to ten years, all thin and sickly looking, dressed in ragged clothing, with sores on their feet and hands. Three of the children were of school age but not in school. The mother stated that she had been too ill and too harassed to enroll the children this semester. She realized that it was illegal to keep children out of school, but had neither the clothing nor the other necessities. Her husband was employed on a temporary basis as a mail carrier, earning about $265 per month. Since coming to this city, three years before, they had not been able to find decent housing. They had moved many times. They had applied to a family service agency for help with housing and employment but were not able to receive any specific help. At the present time they occupied two rooms for which they paid $100 per month. By the time she had paid her rent, Mrs. M said, she was absolutely not able to buy enough food for the children.

In talking with Mrs. M we were impressed with her immaturity and lack of organization. The worker at the family service agency also stated that she had not been able to work effectively with either Mr. or Mrs. M in the past. Nevertheless, we were faced with the problem of five-year-old Annabel whom we were able to place at the Fresh Air Camp for three months, but whose destiny we could not foretell beyond that experience. We were still concerned about the children who remained in the home. There remained the problems of the children in the same apartment building, school and community, exposed to the untreated illnesses of Annabel's sisters and brothers.

FAMILIES TO STRENGTHEN

The case of Martin S presents a set of problems by no means unrelated to those which we have discussed before. A two-month-old Negro baby boy, Martin was referred by the doctor for study of the home situation in order to determine whether this child

was mistreated or neglected. Martin had been admitted with the finding of a subdural hematoma, (hemorrhage into the tissues of the brain) and the question appeared to be whether this started with a blow to the head or some other type of injury. The child had been brought to the hospital by his grandmother.

After we became acquainted with Martin's family we learned that the mother of this child is a tall, beautiful Negro girl of sixteen. Martin and his brother, age two, were both born out of wedlock of different fathers to this adolescent girl. The alleged father of Martin gave evidence of being interested, visited the child on the ward, and stated that he and the mother planned to marry. The maternal grandmother of the child, a woman with a good work history, appeared to be a sensitive and sensible woman. She admitted, however, that she was not sure whether this child was being cared for properly by the teenage mother who had now stopped school and was staying at home to take care of her two illegitimate children. The grandmother blamed herself for her daughter's situation stating that she had herself been divorced and had been unable to give her daughter security and guidance.

Follow-up by an agency that could give this family guidance and assistance would have been most valuable in this situation as in the others. However, it was not possible to interest the family in making a voluntary application to the family service agency.

A similar situation was that of Walter P. Age two-and-a-half, Walter was brought into the emergency room by his paternal aunt and grandmother. The findings were acute laryngotracheal bronchitis, resulting in the closure of the trachea. A tracheotomy was imperative to preserve life (a tracheotomy is the formation of an artificial opening into the trachea).

A social history revealed that Walter was born out of wedlock but his father and mother, twenty and eighteen years old respectively, had married six months after his birth. The young mother of this child had already had another child born out of wedlock. At the time of Walter's hospitalization, his father was in the army and the mother had deserted, leaving Walter and his half-brother with the paternal relatives. During the time that Walter was in our hospital these relatives visited frequently and took responsibility for his care. With the assistance of the American Red Cross and at the request of the family, we were able to arrange for the discharge of Walter's father from the army so that he could return home and help support his baby. The P family are also newcomers to our community, having come here from Florida.

In this situation there appeared to be some family strengths, but the condition of the child at the time of hospitalization will continue to pose a question about the disturbed home situation and the need for help from a protective agency. We now come to those situations in which there appears to be no family strength, in which the emotional stability of the parent appears to be so bankrupt that there can be no hope for rehabilitation. The two cases cited below have some of the elements already described as well as some new problems.

NEGLECTED TO DEATH

The doctor requested a report on Richard C, a Negro boy, age two-and-a-half, who was admitted to the hospital with findings of malnutrition, physical retardation, severe middle ear infection, and anemia. The child had been brought to the hospital by his grandmother who stated she could not care for Richard and she did not know of the mother's whereabouts.

After the child was discharged from the hospital in good condition we were contacted by the visiting nurse. In her home visit she noted that Richard stared off into space and paid no attention to his toys. She stated that the child's mother was un-

married and had two other children born out of wedlock, one younger and one older than Richard. The visiting nurse understood that Richard had been in a foster home until recently.

Our subsequent contact with the mother and the child in the clinic showed the child to be a withdrawn little boy who did not seem to be quite aware of his surroundings. The mother of the child seemed very eager to discuss her concern about the child with the social worker; she had an overly polite, unctuous manner. She said she was concerned about the dear little boy and she did not know what was wrong. She thought perhaps he ought to be under psychiatric attention. She stated that her other children were in good health.

When we spoke to the worker at the child-placing agency that had had this child in a foster home until quite recently, she expressed surprise about our reports about the child's present condition, stating that he had been very alert while in the foster home, very responsive, and in "blooming health." He had been discharged to the mother from the foster care agency at her insistence only five months ago!

While we were still attempting to encourage the mother to follow through with the medical and psychiatric studies that had been recommended, we suddenly learned that Richard had died. He was dead on arrival in another hospital. From the coroner we learned that autopsy showed the findings to be acute laryngitis, acute otitis media (ear infection), and focal pneumonia. Our doctor stated that adequate care by the mother would have prevented this death.

Our psychiatrist diagnosed the mother of this child as "evasive and shallow, with no true anxiety, no real planfulness, no insight." He considered her capacity for the parental role to be very limited. She recently gave birth to a fourth child, also born out of wedlock. It is quite evident that a mother like Miss C cannot be reached by usual casework techniques. However, we cannot underestimate the importance of making a plan for the care of her children.

The last case situation concerns Laura G. This by no means represents the last of such cases in our files nor can we say that we know accurately how many such cases exist.

THE UNREACHABLE MOTHER

Laura G, age two, a white child, was referred by the doctor because she had recently been admitted from the emergency room for very severe burns to the buttocks and also for pneumonia. The doctor thought the child must be emotionally disturbed. She cried constantly and did not respond to overtures from anyone on the staff. Her mother had not been visiting frequently and "there appeared to be something peculiar" about this mother, according to the referring doctor. We observed Laura several times on the ward. She was a fat, pallid child, who was usually crying. If we tried to pick her up, she continued to cry. In spite of much attention from all of us, she was not able to relate to anyone. If anyone approached her or tried to give her a toy when she was in the playpen, she would turn away crying pitifully.

Laura's mother had had fifteen children, most of them born out of wedlock. Nine of Mrs. G's children had been taken away from her by court order and placed in foster homes. Three of the children had been given up for adoption voluntarily. Laura's father (Laura was born out of wedlock also) was in the army. The amount of his voluntary allotment check was insufficient to support her and Laura, but Mrs. G was now afraid to apply to the county welfare office for help; she was fearful of having Laura taken from her. Her neglectful care had resulted in the loss of her other children through court action. Mrs. G has been known to over twenty social service agencies since 1930.

In our judgment the history of this mother and the condition of this child indicated that Laura should be taken from

the mother by the public child-placing agency by court ruling. However, in a conference with the agencies we learned that it was not possible to remove this child from the mother until there was more evidence of open neglect of this child. It was pointed out that in the case of the other siblings the mother had not been cited by the authorities until the children reached school age at which time pressure brought about by the school and other community agencies forced the court to grant custody to the child-placing agency.

During the course of her hospital stay Laura became much more outgoing (she was there for a month), and at the time of discharge she was noted to be a much more responsive child. However, it is hazardous to guess what will happen to the child physically and psychologically now that she has been returned to the mother. The mother has not returned the child to our clinic and has threatened the visiting nurse that she will throw her out if she returns.

SUMMARY

In summary, we have reported eight of twenty comparable case situations known to one pediatric caseworker during an eight-month period. All the children at time of admission to the hospital had illnesses that strongly suggested lack of proper physical care at home. In the twenty case studies, at least five common factors can be isolated: a long history, in one or both parents, of family and social breakdown in their own childhood and youth; repeated illegitimacy; severe neurotic or character disorders; grossly inadequate housing; striking poverty based on lack of employment, underemployment, or insufficient financial assistance. Twelve of the twenty families studied had a harrowing history of personal or social breakdown on the part of the individual parent. Twelve consisted of mothers whose children were born out of wedlock; as was seen in many cases a whole family of children were born out of wedlock, and the mothers in these cases were obviously unable to cope with such a challenging problem, economically and spiritually. Fourteen of the parents appeared mentally retarded or ill. Some were, like Mrs. D, alcoholic and promiscuous. Some, like Richard's mother, appeared too inured to personal pain to care about the welfare of the child. Fourteen of the families studied were either receiving public assistance or earning very low incomes, sometimes below that of a relief budget. At least ten of the families were living in crowded, disease-infested, substandard housing.[2]

It is evident that the problems presented in this paper can meet with no ready-made solution. The cases presented have proved least amenable to the usual casework approach; they are atypical cases and therefore not likely to be covered by existing resources. However, we cannot retrench in our effort to help these families. As Bertram Beck pointed out in his article entitled "Protective Casework: Revitalized": "The development of knowledge of man and his environment and the work of a few courageous and imaginative social work leaders have opened new horizons for work with clients whom heretofore social workers have thought they could not serve."[3]

Many resources are available in our city, which is well known for its historically effective fund drives, for child care, family life counseling, vocational guidance, convalescent facilities, services to unmarried mothers, and other services. It has become increasingly clear, however, that the juvenile court, family service agencies, and

[2] Some of the case material on which this article was based has been presented to the reactivated Committee on Protective Services to Children of the Cleveland Welfare Federation. During the past two years this committee has been working actively on the problem. It presented a report and recommendations which were accepted on February 19, 1957, by the Casework Council of the Cleveland Welfare Federation.

[3] Bertram M. Beck, "Protective Casework: Revitalized," Part II, *Child Welfare*, Vol. 34, No. 10 (December 1955), p. 20.

child-placing agencies are not presently equipped to give the type of study and care required by these hard-to-reach cases.

What seems to be needed is a legally constituted, professionally staffed agency (or division of an agency) that can make an all-out effort to meet the needs of these disturbed, physically neglected, emotionally stunted children and their families. This problem has long been a matter of concern to the Committee for Protective Services for children of the Cleveland Welfare Federation.[4]

The dependent child is quite well covered by the Aid to Dependent Children's Program and voluntary agencies. Delinquent children are assisted by many casework agencies and enlightened juvenile court personnel. There appear to be few, if any, clearly defined agencies that have been able to assume full responsibility for the neglected child, a hybrid problem that poses both casework and legal considerations. The voluntary casework agency operates under relative limitations of financing, legal authority, and function. In addition, imbued with the spirit of the principle of self-determination, the right of the client to seek help, casework agencies are reluctant to address themselves to the kinds of problems posed here. Hence the aggressive action required appears to form a major block in casework thinking. Yet the cases in this paper clearly illustrate that what may appear to be "self-determination" may actually be *laissez faire*, and may mean the right of the client to fail to get the help he needs.

In this paper we have also touched on some of the legislation that pertains to residence and have seen that some of these laws no longer meet the tempo of our times. Today large migrations to our cities of workers and their families have created new problems. Industry appears eager to have this labor market. However, many families, particularly those who have lived on a marginal basis in their home towns, have found it difficult to establish themselves in the beginning of their residence. Illness, demoralization in the face of new mores, and the difficulty of getting started in employment and in housing have resulted in social and economic breakdown. Now industry and welfare leaders need to combine their thinking and planning to assist these newcomers in finding the grass roots that spread widely throughout all our land.

The cases described in this paper represent the end result of neglect. The children were those whose severe illnesses dramatically called attention to their history and home situation, but actually every social agency, whether in a neighborhood settlement house, school, the visiting nurse association, or the policewomen's bureau, can match these cases in kind and in number. It is imperative, therefore, for all agencies, private and public, to create some method for coping with this area of neglect which continues to constitute a challenge in community planning and organization.

The history of child care in our country is the story of efforts of social work leaders to prevent and correct the type of breakdown described in this paper. In the words of Emma Octavia Lundberg of the United States Children's Bureau, "Many children through neglect by their natural guardians or through neglect by the community which should protect them never have a chance to know the natural joys of childhood." [5]

---

[4] Abigail F. Brownell, *Child Care Facilities for Dependent and Neglected Negro Children in Three Cities—New York City, Philadelphia, Cleveland* (New York: Child Welfare League of America, 1945).

[5] *Unto the Least of These* (New York: D. Appleton-Century Co., 1947), p. 2.

BY ALFRED KADUSHIN

Prestige of Social Work—Facts and Factors

THE QUESTION OF the prestige of social work is a matter of importance to (1) the individual social worker, (2) the social work client, (3) the social work profession. Prestige is defined as the invidious value (attached) to a status or office independently of who occupies it.[1] Occupational prestige is a specific kind of prestige indicating the rank in the hierarchy of invidious value which any occupation holds relative to any other occupation.

IMPORTANCE TO THE WORKER

Of the variety of roles which engage an individual, the most crucial one for determining general prestige level is the occupational role. The occupational role determines income, life style, and the people with whom one can associate. Warner regards occupation as the most important single determinant of class position in American society.[2]

The prestige of an occupation reflects on the prestige of the person identified with the occupational title. Invested with an occupational title which carries high prestige, he is accorded respect and deference which permits him to see himself as a person of importance and consequence. This encourages a feeling of self-assurance and self-esteem. These derivatives of high prestige are in the nature of psychic income and an important source of satisfaction with the job. Conversely, invested with an occupational title of limited or low prestige, the etiquette of ascendency one must observe with reference to others more advantageously placed in the occupational hierarchy may be a source of considerable dissatisfaction with the job.

The prestige of profession, therefore, affects the individual social worker's concept of self, his relationships with representatives of other occupations, his feelings about his job.

IMPORTANCE TO THE CLIENT

The prestige of the profession affects the effectiveness with which the worker offers a service. Simplifying somewhat, one might say that the importance of the worker-client relationship lies in the fact that as a result of the relationship the worker's actions, attitudes, and opinions exert a measure of influence on the client. The worker is seen as a pattern for emulation and a source of identification.

But the prestigeful person, by virtue of his prestige, is in a position to influence. Sociologists frequently define prestige in a way which highlights the potentialities to influence which inhere in prestige. Thus Reuter defines prestige as "The quasi-magical quality a person has in the minds of others that renders these others susceptible to suggestion from him or amenable to

ALFRED KADUSHIN, Ph.D., *is associate professor in casework at the School of Social Work, University of Wisconsin, Madison, presently on leave under a Fulbright scholarship to teach at the Groningen School of Social Work, The Netherlands. About this article he says "I realize that it is extensively documented. This is deliberate. In a burst of optimism I hoped that as a result of a somewhat definitive survey we could dismiss the subject for a time."*

[1] Kingsley Davis, *Human Society* (New York: The Macmillan Company, 1950), p. 93.

[2] William Lloyd Warner, Marchia Meeker and Kenneth Eells, *Social Class in America* (Chicago: Science Research Associates, Inc., 1949), p. 263.

his leadership or inclined to use him as a model for imitation."[3] In small group research it is generally assumed that "Power to influence is highly correlated with prestige."[4] The power of prestige to influence behavior has been demonstrated empirically in studies in social psychology.[5] This idea is the basis for the celebrity-testimonial type of advertising.

In discussing the heightened suggestibility of experimental subjects in interaction with a person of considerable prestige, Murphy notes that "we should suspect that the person with prestige is the person who brings back, unwittingly, the first filial attitudes" since the parents were the first persons whom we experienced as prestigeful for us.[6] The importance of prestige to transference is implicit here.

Coleman, a psychiatrist, notes that the psychiatrist tends to "exploit the prestige value of . . . his medical sanctions. The patient lends to the psychiatrist, as physician, the character of a magic-dispensing, omnipotent parental figure, with the power to bring about mysterious changes in the dispositions of the body."[7] Here, the influence value of the prestige of the medical profession aids the psychiatrist in his work as a psychiatrist.

Influence potential is, therefore, a function of the prestige of profession. If the prestige of the profession is great in the mind of the client, the social worker's ability to influence is initially great and the worker starts the contact with an initial advantage. He is, at the start, an influential person for the client. If the opposite is true, if the client's conception of the prestige of the social worker is low, the initial contact starts with a handicap to influence potential, which the relationship will have to overcome.

The level of the prestige of the profession, therefore, conditions somewhat the effectiveness with which services can be offered the client.

IMPORTANCE TO THE PROFESSION

The question of occupational prestige is of importance to the profession of social work because of its consequences for recruitment. Occupational roles in our society, unlike sex roles for instance, are assumed rather than ascribed. People are permitted a choice of occupational role. Prestigeful occupations have a high positive valence and thus tend to attract more, and better qualified, candidates. The opposite will, of course, be true for occupations which are low in prestige. This is particularly true in a society such as ours which supports an open-class ethic and in which, consequently, upward mobility is both valued and possible. Witte regards the question of occupational status as "the single most important factor" affecting recruitment.[8]

Of further importance to the profession is that our prestige, vis-à-vis other professions, patterns the nature of the etiquette of obeisance and deference within the team relationships. The contention that the psychiatrist is merely *primus inter pares*—first among equals on the team—is a difficult fiction to maintain when the psychiatrist's

[3] E. B. Reuter, *Handbook of Sociology* (New York: The Dryden Press, Inc., 1941), p. 145.

[4] J. I. Hurwitz, Alvin F. Zander, and B. Hymovitch, "Some Effects of Power on the Relation Among Group Members," in Dorwin Cartwright and Alvin F. Zander, eds., *Group Dynamics—Research and Theory* (Evanston, Ill.: Row, Peterson & Company, 1953), p. 484.

[5] *See* for instance—Helen Block Lewis, "Studies in the Principles of Judgments and Attitudes: IV. The Operation of 'Prestige Suggestion'," *The Journal of Social Psychology*, Vol. 14, first half (August 1941), pp. 229–256.

[6] Gardner Murphy, Lois Barclay Murphy, and Theodore M. Newcomb, *Experimental Social Psychology* (New York: Harper & Brothers, 1937), p. 238.

[7] Jules V. Coleman, M.D., "Distinguishing Between Psychotherapy and Casework," *Journal of Social Casework*, Vol. 30, No. 6 (June 1949), pp. 244–251.

[8] Ernest F. Witte, "Recruitment and Training of Professional Personnel," *Journal of Jewish Communal Service*, Vol. 33, No. 1 (September 1956), p. 98.

general prestige standing is so much greater than our own.

STUDIES OF OCCUPATIONAL PRESTIGE

Having established the importance of the question to the worker, the client, and the field, what empirical evidence exists regarding the relative prestige of the social work profession? Since 1925, when the pioneer study was done by Counts,[9] there have been some 25 published studies here and abroad regarding occupational prestige. Only a limited number of these studies have included social work as one of the occupations listed for examination.[10]

In such studies respondents are asked to rank a group of occupations in order of "their social standing" or in the order in which people engaged in the occupations are "looked up to" or "down on" in the community. The social worker is listed in a variety of ways in such studies, *e.g.*, "social worker," "welfare worker for a city government," "social or welfare worker," "social worker—family welfare deals with relief and family problems."

The studies show that women tend to rank social workers higher than do men. Negro respondents accord social work greater prestige than do white respondents. Middle-class students indicate a tendency to rank social work higher than do students of lower-class background. Respondents show greater individual variation in ranking social work than they do in ranking most other occupations listed. This would indicate confusion about the nature of social work and its prestige value, since "those occupations whose status is least clearly defined give rise to the least definite opinions."

When an attempt is made, as in a number of studies, to analyze prestige as a complex socio-psychological phenomenon having many components rather than as a single dimension, social work is accorded a variety of different rankings—high on idealism, high on contribution to society, but low on financial return.

A review of the available research clearly suggests two general, over-all conclusions. First, the prestige level of social work in the hierarchy of occupations has not as yet been

---

[9] George S. Counts, "The Social Status of Occupations: A Problem in Vocational Guidance," *School Review*, Vol. 23, No. 1 (January 1925), pp. 16–27.

[10] The following studies of occupational prestige include social work:

Clara Menger, "The Social Status of Occupations for Women," *Teachers College Record*, Vol. 33, No. 8 (May 1932), pp. 696–704; Raymond B. Stevens, "The Attitudes of College Women Toward Women's Vocations," *Journal of Applied Psychology*, Vol. 24, No. 5 (October 1940), pp. 615–627; Walter Coutu, "The Relative Prestige of Twenty Professions as Judged by Three Groups of Professional Students," *Social Forces*, Vol. 14, No. 4 (May 1936), pp. 522–529; Mapheus Smith, "An Empirical Scale of Prestige Status of Occupations," *American Sociological Review*, Vol. 8, No. 2 (April 1943), pp. 185–192; Lillian Wald Kay, "Social Norms as Determinants in the Interpretation of Personal Experiences," *Journal of Social Psychology*, Vol. 19, second half (May 1944), pp. 359–367; "Jobs and Occupations: A Popular Evaluation," *Opinion News*, Vol. 9, No. 4 (September 1, 1947), pp. 3–13. (This is frequently referred to as the North-Hatt Study of the National Opinion Research Center.) Norman Polansky, William Bowen, Lucille Gordon, and Conrad Nathan, "Social Workers in Society," *Social Work Journal*, Vol. 34, No. 2 (April 1953), pp. 74–80; R. Clyde White, "Social Workers in Society: Some Further Evidence," *Social Work Journal*, Vol. 34, No. 4 (October 1953), pp. 161–164; R. Clyde White, "Prestige of Social Work and the Social Worker," *Social Work Journal*, Vol. 36, No. 1 (January 1955), pp. 21 ff.; *Social Prestige of Occupations—A Study of the Relative Prestige of Occupations Among High School Seniors*, Occupational Planning Committee of the Welfare Federation of Cleveland, 1955 (Mimeographed). (The articles by R. Clyde White cited above are based on this study.) Morgan C. Brown, "The Status of Jobs and Occupations as Evaluated by an Urban Negro Sample," *American Sociological Review*, Vol. 20, No. 5 (October 1955), p. 565; Willa Freeman Grunes, "Looking At Occupations," *The Journal of Abnormal and Social Psychology*, Vol. 54, No. 1 (January 1957), pp. 86–92.

Because of space limitations we are unable to include a discussion of each of these studies separately. However, the author has agreed to make available to any interested reader a more extended version of this paper which includes an analysis and critique of the studies.

clearly "positioned"; the level of the profession in the traditional structure of occupational prestige relations has not as yet been clearly, and firmly, institutionalized. We are, as a group, more mobile, prestige-wise, at this point in the history of our profession, than is true for some of the older professions.

Secondly, there is considerable consistency with which social work repeatedly ranks high on the occupational prestige scale of the *total range of occupations* but among the lowest of the professions listed. We might say with Hartmann, substituting social work for teaching, "If the public school teacher lacks caste it must be only with the numerically small professional groups who stand above her; certainly this does not hold for the great body of citizens who fall below her in 'status.' " [11]

Our prestige ranking compares favorably with other traditional women's professions such as teaching, nursing, librarianship—occupations which have an advantage over us in age, whose functions are more clearly understood by the public, and whose functions perhaps are more unequivocally accepted. Still, on the basis of research available it would appear that, in the image of the public, social work is a minor, if not a marginal, profession.

PRESTIGE LEVEL OF SOCIAL WORK

A variety of reasons have been previously suggested for the marginal position of social work as a profession and additional reasons may be suggested here.[12]

Demographically social work is a women's profession—70 percent of all social workers being women.[13] The professional role of the social worker is, in a large measure, an extension of the traditional female functions of nurturing and support, of the traditional female concern with children and family. Women are not generally accorded the same prestige in the occupational world as are men. Salary differentials in favor of the male and the more rapid advancement of men against the competition of women of equal, or greater, ability substantiate this.[14] Women are still regarded by many as "supplementary wage earners" and the prevalent feeling is that women ought not to compete with men for occupational status.[15] This expresses itself in a tendency to resist free entrance of women into occupations dominated and controlled by males and to derogate occupations dominated by women. The prestige of social work is, therefore, adversely affected because it is identified as a woman's profession.

Occupational prestige is affected by the prestige of the group to whom the profession offers its service. Since social work, by and large, serves the least prestigeful members of the community, its prestige is adversely affected. The "aura of tradition" characteristic of the older, more clearly established, professions also affects the prestige of social work. This is reinforced by the title "social worker" which evokes im-

[11] George W. Hartmann, "The Prestige of Occupations," *Personnel Journal*, Vol. 13, No. 3 (October 1934), p. 151.

[12] For further discussion of factors affecting social work prestige see the following:

E. Greenwood, *Toward a Sociology of Social Work*, Special Report Series No. 37, Research Department, Welfare Council of Metropolitan Los Angeles, (November 1953); Joseph W. Eaton, "Whence and Whither Social Work? A Sociological Analysis," *Social Work*, Vol. 1, No. 1 (Janury 1956), pp. 11–26; Helen Padula, "Some Thoughts about the Culture of Social Work," *Journal of Psychiatric Social Work*, Vol. 23, No. 3 (April 1954), pp. 172–176; R. Clyde White, "Prestige of Social Work and the Social Worker," *Social Work Journal*, Vol. 36, No. 1 (January 1955), pp. 21 ff; Norman Polansky and others, *op. cit.*; A. Simon, *The Social Structure of Case Work and Medicine* (St. Louis, Mo., February 15, 1951) (Mimeographed).

[13] U. S. Department of Labor, Bureau of Labor Statistics, *Social Workers in 1950* (New York: American Association of Social Workers, 1952), p. 5.

[14] Helen R. Wright, "Employment of Graduates of the School of Social Service Administration," *Social Service Review*, Vol. 21, No. 3 (September 1947), pp. 316–330.

[15] Talcott Parsons, *Essays in Sociological Theory, Pure and Applied* (Glencoe, Ill.: The Free Press, 1949), p. 175.

ages of "occupations which require little erudition." [16]

In general, the independent professional entrepreneur is granted higher prestige in a free enterprise system than is a professional who has the status of an employee—and in the instance of social work an employee of an organization which is not itself independent. An employee's status implies dominance by someone else and since it is an inferior position, it is one to which less prestige is accorded.

The question of prestige and the degree of personal autonomy granted by the profession to the individual practitioner may also be related. This may not generally affect our prestige in the eyes of the general public which has only limited knowledge of how we operate intraprofessionally, but it may affect the evaluation of our prestige by other professions with which we work in close contact. Thus, lawyers and doctors, with whom we frequently share clients and who value autonomy, seeing it as a dimension of prestige, may devaluate a profession whose practitioners are not always free to make a decision without supervisory approval. The fact that some sectors of social work, such as psychiatric and medical social work, are ancillary to another profession with whom final diagnostic and treatment decision lies, restricts the "prerogatives of initiative" which these social workers enjoy. This, once again, limits autonomy and has consequences for prestige.

To what extent is the prestige level of social work a function of the "projected hostility and criticism of anxious, sick people and of a frightened and immature society"? [17] Just as the need for help evokes a resentment of the helper so might the function of social work evoke, out of projection or retaliation, derogation of its prestige.

While low wages may be a function of limited prestige, the modest income of social workers tends to reinforce its depressed prestige rating vis-à-vis more lucrative occupations. This is apt to be particularly true in a society which avaluates money and tends to use income as an easy, measurable yardstick for invidious comparisons.

Small group research has experimentally demonstrated that "the further a member's activity departs from the norms of the group the lower the rank in the group." [18] This may have some relevance to the way in which groups as well as individuals are ranked. Social work, and social workers, very often articulate the unpopular point of view. Social workers are "more pro-union than even union members"; [19] we display an accepting attitude toward deviates; we define success in terms of satisfactions in interpersonal relations rather than in terms of wealth; we do not see man as a wholly rational animal, architect of his own destiny, and his personality a matter of will. We are in advance of the general population in terms of the kinds of social legislation we think are necessary. As a result, we are less than wholeheartedly accepted by the public and our prestige rating suffers.

Another factor which conditions the prestige level of social work lies in the nature of the problems with which the profession is concerned. Prestige, like authority, requires the establishment and maintenance of some distance between those who confer, and those who are accorded, prestige. Generally the nature of the knowledge and skills which a profession has developed is esoteric and specialized, sharply different from the kinds of knowledge and skills which are available to the general public. The secrets, the *mystique* of the profession, permit the establishment and maintenance

[16] R. Clyde White, *op. cit.*

[17] Charlotte G. Babcock, "Social Work as Work," *Social Casework*, Vol. 34, No. 10 (December 1953), pp. 415–422.

[18] Henry W. Reiken and George C. Homans, "Psychological Aspects of Social Structure," in Gardner Lindzey, ed., *Handbook of Social Psychology* (Cambridge, Mass.: Addison-Wesley Publishing Company, Inc., 1954), p. 800.

[19] Polansky and others, *op. cit.*, p. 79.

of distance. The mystique is institutionalized in the jargon of the profession—the mysterious professional language of *expertise* which only the initiated in-group can understand. As Sumner says, "In all ages secrecy and mystery have been favorite, successful devices for securing prestige." [20]

The social worker is concerned with problems at which everyone works. In talking to parents about parent-child relationships, we are talking to people who are engaged in the occupation of parenting and who, consequently, are familiar with much of this material. The wife, or husband, is living a marital relationship and so knows a good deal about marital interaction, narrowing the distance between the professional and client knowledge. Familiarity may not breed contempt here but it is corrosive to the maintenance of high prestige, since ascendance of the professional is based on superior knowledge. The wide dissemination, through all media of mass communication, of material on social and personal problems further operates to reduce awe and reverence for the social worker's knowledge. Unlike the psychologist, we do not even have the mysterious Rorschach or T. A. T. which can be employed to establish and maintain high prestige. The interview, as our most highly developed skill, is seen as something in which everyone can, and does, engage.

One of the key considerations which seem to determine prestige is the amount of training required for entrance into the field. In this sense we are only nominally professionalized since only a small percentage of social workers actually meet full educational qualifications.[21] Few people seem to know about the advanced training required for social work practice and those who know see these standards violated with regularity.

Perhaps, however, the crucial consideration is power. Prestige is closely related to power. The possession of power, defined as the ability to determine freely one's own behavior as well as to control the behavior of others, Mayer says, "always commands prestige." [22, 23] Occupational roles reflect the institutionalization of different degrees of power since the occupational group controls access to important goods and services. Prestige of the occupational groups would then vary depending on the "value of the things which it controls and the degree of such control." Thus the banker and manufacturer, who control important values such as money and jobs for huge, influential segments of the population, command great prestige. The doctor who controls access to health commands great prestige. In a theocratic society, which greatly values access to God, the priests in control of such access have much greater prestige than in our own society.

Social work does not exercise clear control over any area which is highly valued by the important, norm-setting members of our society. It controls, it is true, through public welfare, access to income for a small percentage of the population. However, not only is this group small, but by its very need for the service, it defines itself as a group which has little influence in establishing and maintaining public attitudes toward what prestige should be accorded what occupation. Even where social work has established a measure of control over matters which may be important to some small number of the influential members of the community, the degree of control is not very great. Through agency adoptions social work controls access to babies. But the large percentage of inde-

[20] William Graham Sumner and Albert Galloway Keller, *The Science of Society*, Vol. 11 (New Haven: Yale University Press, 1929), p. 248.

[21] *Social Workers in 1950, op. cit.*, p. 8.

[22] K. B. Mayer, *Class and Society* (New York: Random House, 1955), p. 5.

[23] Somewhat similarly, Theodore Caplow, in *Sociology of Work* (Minneapolis: University of Minnesota Press, 1954), points out that prestige and control are closely associated. The occupations highest in prestige, he notes, "involve their incumbents in frequent and important relations with adults of all statuses, in the course of which it is they who control the situation." p. 55.

pendent placements would indicate the extent of our lack of control of even this area. Because we do not have clear control of access to any kind of goods and/or services highly valued by a large and influential segment of our society, our prestige is necessarily limited.

Closely related to this is the question of the functional importance of a profession to maintenance of the ongoing life of a society. What is the relative indispensability of the function the profession performs to the maintenance of societal homeostasis? During periods of a depression, for instance, the functional importance, and hence prestige, of social work is likely to increase. During periods of prosperity, the utility of social work may be questioned or rejected. Furthermore, unless it is clear what function the profession serves, it is difficult to evaluate the importance, and prestige, of the profession.

Some of these considerations are beyond our power to change; some of these we would not want to change since this would require a shift in the aims and goals of the profession; some of these considerations we want to change, are subject to change, and are in the process of change—such as the educational level of the practitioner.

Making such changes will elevate the prestige of the profession—if the public is better informed about us than they have been in the past. But the surest avenue to elevation of prestige is to be able to prove that we can effectively do the job society has assigned us. If we can demonstrate that, through us, there is access to help with problems which are of concern to all segments of society—problems of the aged, parent-child difficulties, marital dissatisfactions, juvenile delinquency—we then have power of a service—power which carries with it immense prestige. We need to increase our functional effectiveness and so increase the functional importance of the profession to the community.

Hyman [24] points out that some people are more status-conscious than others. This is also true of occupations. A great deal of the pioneering work on occupational prestige was done by educators whose interest in prestige grew out of, as it does for social work, the insecure status of teaching as a profession. High status awareness exists when there is a discrepancy between the prestige a group aspires to and/or thinks it deserves, and the prestige it is actually granted. One may deplore the concern with prestige, yet it is an eminently understandable and inevitable preoccupation of marginal groups as well as marginal individuals. Further, such preoccupation serves a useful purpose. It serves as a spur and a goad to the continued professionalization of social work and improved functioning of social workers.

[24] Herbert Hiram Hyman, "The Psychology of Status," *Archives of Psychology*, Vol. 38, No. 269 (June 1942), pp. 5–94.

BY PHILIP TAIETZ, BERT ELLENBOGEN, AND CHARLES E. RAMSEY

Occupational Choice—Some Implications for Recruitment of Social Workers

THE RECRUITMENT PROBLEM in the social work profession rests on two facts. First, there is an increasing gap between the number of positions to be filled in the profession and the number of trained personnel to fill them. Second, one necessary requirement for a profession to maintain and raise its standards of performance is to be in a position to select persons who have the high qualifications which the profession deems essential. Over the years, the recognition and the acceptance of the functional necessity of the profession of social work has increased. Today more than ever before, social workers are performing a wide variety of tasks in a diversity of work settings. One would expect, therefore, that the challenge of charting new frontiers would attract those individuals now deciding upon a career. And that, if anything, a greater number of persons would choose social work as an occupation. Unfortunately, the converse is true: schools of social work have reported a steady decline in enrollment. The question, obviously, is why?

PHILIP TAIETZ, Ph.D., *is associate professor;* **BERT ELLENBOGEN, Ph.D.,** *is assistant professor; and* **CHARLES E. RAMSEY, Ph.D.,** *is associate professor in the Department of Rural Sociology, Cornell University, Ithaca, N. Y. The data used in this paper are from a study on occupational choice and values of college students at Cornell University reported in Morris Rosenberg,* Occupations and Values *(Glencoe, Ill.: The Free Press, 1958).*

In recognition of the present shortage of personnel, schools of social work as well as public and voluntary welfare agencies have accelerated their recruitment programs. At the same time, these programs seldom, if at all, have been based on *empirical evidence* as to the values, the intellectual abilities, and other significant characteristics of potential candidates. One must question, therefore, whether the full efficacy of recruitment programs can be realized with the existing *modus operandi.* Inevitably, the specific recruitment objectives for any profession require a knowledge of the process by which individuals select an occupation. This process is commonly referred to among social scientists as occupational choice.

The primary purpose of this exploratory paper is to demonstrate the utilization of some empirical findings on the occupational choice of college students to a recruitment program for social workers. It is hoped that this paper will stimulate other researchers to engage in similar research, striving for greater rigor and attaining greater refinement. In this way, the effectiveness and efficiency of a social work recruitment program may be increased.

Following a brief presentation of some theoretical considerations of occupational choice, the paper will consider:

1. Social work as an occupational choice.
2. Some characteristics of prospective social workers.

3. Some implications for a recruitment program.

The data utilized in this analysis stem from a study on occupational choice of a sample of approximately 1,500 students at Cornell University in 1952.

SOME THEORETICAL CONSIDERATIONS

In relating occupational choice to a recruitment program, account must first be taken of the process involved in choice. One may consider the selection of an occupation as an ongoing process of decision-making in which judgments are made from the occupational alternatives available to the individual. The selection of an occupation, like any other evaluation, is re-examined as the individual acquires new social experience and as his values and definitions of needs and goals are modified during the life cycle. At some point in the life cycle, however, a paradox may be said to develop.[1] Inevitably, the occupational horizon for the individual expands as experience increases. In acquiring these new experiences, an investment of time, money, and effort is made. As a result, the individual becomes committed to an occupational direction that restricts future choice.

Additional factors also affect choice. On the social level, the occupational preference is influenced by the labor market, the economic rewards and sanctions, and the social standing of the job. Social-psychological elements also delimit the range of alternatives. These include a knowledge of specific jobs and the correspondence between the value satisfactions desired by the individual and that provided by the occupation. Besides these factors, there are a host of others, such as the constitutional make-up of the individual, his intelligence and personality traits which modify and orient the selection of an occupation.

CHOICE OF SOCIAL WORK

Although the shortage of professional social workers and the steady decline in enrollment in schools of social work have long been recognized, empirical evidence about the choice of social work as a career has been notoriously lacking. The following data reveal the competition from other occupations that social work faces in attracting prospective candidates.

Only 2 percent of the students in this study expressed a preference for social work. This compares with 11 percent of the sample who chose teaching, 9 percent medicine, and 4 percent jobs in government service. For this sample of college students, social work apparently is not one of the more popular occupations.

IDENTIFYING POTENTIAL SOCIAL WORKERS

The preceding discussion points up the necessity for tapping the reservoir of students who do not choose social work if the present shortage of personnel is to be alleviated. Primary consideration should be given to discovering the characteristics for distinguishing those who might be more readily motivated into social work.

Already certain characteristics are recognized by the profession as being important in the make-up of the social worker. Consensus exists in the recruitment literature on the value that social workers place on working with people and particularly toward helping people. Intellectual ability has also been included as a significant quality for prospective candidates, although, in this instance, there appear to be differences in emphasis within the profession. So far as the authors have been able to determine, some schools of social work require a high level of intellectual attainment; others have more modest expectations, and a majority

[1] This theory is analogous to the concept of irreversibility of occupational choice as suggested by Eli Ginzberg and associates in *Occupational Choice* (New York: Columbia University Press, 1951), and the theories of investment and involvement as used by Morris Rosenberg (*see* page 44).

specify no requirements.[2] Moreover, among certain members of the profession, it is assumed that students with people-oriented values are not likely to possess high intellectual ability.[3]

In order to determine whether any relationship actually exists between value-orientation and academic achievement, relevant findings from the Cornell study were examined. In one aspect of the study, students were given a list of ten characteristics of an ideal job or profession and were asked to indicate what characteristics were *highly important, of medium importance,* or of *little importance.*[4] The ten characteristics were:

1. "Provide an opportunity to use my special abilities or aptitudes."
2. "Provide me with a chance to earn a good deal of money."
3. "Permit me to be creative and original."
4. "Give me social status and prestige."
5. "Give me an opportunity to work with people rather than with things."
6. "Enable me to look forward to a stable, secure future."
7. "Leave me relatively free of supervision from others."
8. "Give me a chance to exercise leadership."
9. "Provide me with adventure."
10. "Give me an opportunity to be helpful to others."

An analysis of the responses revealed three value orientations:

1. *People-oriented.* In this category were the students who said that an opportunity to work with people rather than with things or an opportunity to be helpful to others was highly important to them.

2. *Creativity-oriented.* In this category were the students who maintained that the opportunity to be creative and original was highly important to them.

3. *Money- and status-oriented.* In this category were the students who said a chance to earn a good deal of money, or a job that gave them social status, prestige, or economic security was highly important to them. The emphasis here is on the rewards to be obtained rather than gratification obtained from work itself.

When students in each of the value orientation groups were examined with respect to their intellectual ability, differences were evident. Among students in the people-oriented group, 13 percent have high academic standing, with grades averaging 85 or better (Table 1). Of those in the creativity-oriented group, 15 percent have equally high grades; while only 7 percent of those in the money and status-oriented group were among the top students academically.

What happens to the relationship when average grades of 80 or better are considered? A larger proportion of the people-oriented students attain grades averaging 80 or better—55 percent, compared with 49 percent and 38 percent respectively for students in the other two value-orientation groups. Likewise, this general trend is maintained when the lower end of the grade scale is examined. Only 12 percent of the people-oriented group have grades averaging less than 75. Among those with creativity-oriented values, 16 percent have low academic standing. The lowest average grades are found among students with the money- and status-orientation, with 21 percent having grades averaging under 75.

It may be assumed, therefore, with a high

---

[2] A review of the requirements for admission to the 60 schools of social work accredited by the Council on Social Work Education reveals the following: 60 percent do not specify a grade requirement; the remaining schools are equally divided between those requiring at least a B average and those expecting students to have an average of C+ or better.

[3] An example of this position is found in *Public Welfare News,* North Carolina State Board of Public Welfare, December 1955, in which Robert T. Lansdale states: "A genuine liking for people is more likely to be found among the average college student than among those with superior attainments."

[4] Morris Rosenberg, *op. cit.*

TABLE 1. RELATIONSHIP BETWEEN VALUE ORIENTATION AND ACADEMIC STANDING

Cornell Students, 1952

Grades	People-oriented	Creativity-oriented	Money- and Status-oriented
	Percent	Percent	Percent
Less than 75	12	16	21
75–79	33	35	41
80–84	42	34	31
85+	13	15	7
Total	100	100	100
No. of cases	296	619	444

degree of probability, that people-oriented students are more likely to be found among those with superior academic attainment than students in the two other value-orientation groups.[5]

IMPLICATIONS FOR RECRUITMENT

This study has found that more students with a people-oriented value have high academic achievement than students from the other two value-oriented groups. Several implications may be drawn from this finding for a recruitment program for social workers. Prior statements in this paper have already indicated that the personnel shortage faced by the profession is one of quantity and quality. While the relationship between students possessing a people-oriented value and superior academic ability is not conclusive, it does provide a strong indication that the social work profession does not have to resign itself to recruiting individuals solely with the desired value orientation or possessing only high intellectual ability. A deliberative recruitment program will enable social work to attract candidates with the combined characteristics.

The scope of this paper does not call for an analysis of the specifics of a recruitment program. Nevertheless, the authors have become aware in perusing some of the recruitment literature that while emphasis is given to humanitarian values, considerably less appeal is devoted to the intellect. The Hollis-Taylor report has already pointed out the deleterious effects of a "do-good approach" in placing social work on a sound footing. Moreover, as a noted philosopher has recently remarked, "To be a do-gooder is, as you must know, something semi-heinous in our generation."[6] The attitude reflected in the preceding references needs to be taken into account if the profession wishes to attract highly competent personnel. Recruitment literature, therefore, should be directed toward the combined characteristics prospective candidates possess. What intellectual challenge exists, for example, in the following statements found in two recruitment brochures? One from a large school of social work says: "If you hold these beliefs . . ." and then lists—"the worth of

[5] When a test of significance is applied to the relationship between grades and the three value orientation-groups, Chi square is significant at the .01 level. Since there were still a few male students remaining in college under the G. I. Bill of Rights in 1952, a question could be raised as to the influence of this factor in the relationship between people orientation and intellectual achievement. To test this influence, the relationship was tested for males and females separately. It was concluded that the presence of students under the G. I. Bill was not a factor since the relationship held for both males and females.

[6] T. V. Smith, "The Leisure of the Theory Class," *The Saturday Review*, August 25, 1956, p. 28.

the individual," "the richness of difference," "the right and responsibility for self-determination," "the importance of feeling," "the value and strength of united efforts of free men," "the power of love of one's fellow men." Another brochure from a smaller school begins with this suggestion, "Quiz yourself!" and goes on to list the following items: "Do you like to be with people?" "Are you interested in what makes people tick?" "Do you help old ladies across the street, rescue homeless kittens, amuse babies?" "Are you broad-minded, warm-hearted, optimistic, intelligent, resourceful?" "If you check these 'yes' maybe social work is the career for you." Seemingly, one may legitimately raise the question whether such appeals will attract the more intelligent people-oriented candidates into social work.

Of course, the difficulties in motivating prospective candidates cannot be resolved alone by even the most effective recruitment literature. As was previously stated, other factors must be taken into account. In addition, cognizance should be given to the relative instability found in occupational choice.[7] Measures must be sought for reinforcing an occupational direction, once it has been established. One such measure already exists in the presocial work programs offered in a number of colleges throughout the United States. These programs, which include undergraduate courses and observation-participation experience, maintain the student's interest in social work. Moreover, a commitment to the profession develops which reinforces occupational choice, and decreases the likelihood of a change to another occupational field. (This is in accordance with the theory of commitment which has been previously discussed.) These programs, then, already provide the profession with a measure for attracting undergraduate college students into social work. Apparently, what is needed is a greater awareness by the profession of the recruitment potential in these undergraduate programs.

[7] Morris Rosenberg, *op. cit.* This study found that 60 percent of the study sample changed their occupational choice within a two-year period.

SUMMARY

In summary, the following points have been made:

1. Among the college students in this s udy the preference expressed for social work is considerably less than that for a number of other competing professional occupations.

2. If the present shortage of personnel is to be remedied, measures must be taken to attract students who do not choose social work, but who possess characteristics favorable to their being motivated into a social work career.

3. It is generally agreed that social workers should have a people-oriented value. At the same time, a belief exists among certain members of the social work profession that prospective candidates with a people-oriented value are not likely to possess high intellectual ability.

4. The findings of this study indicate, however, that there is a high probability that people-oriented students will also possess high academic attainment when compared with students in the creativity and the money- and status-orientation groups.

5. If these findings are valid, then social work recruitment programs should be directed toward the intellect of prospective candidates as well as to their people-oriented values.

6. Recognition should also be given to the instability of occupational choice. Steps must be taken to reinforce an occupational direction once it has been established. One such step already exists in the presocial work programs offered in some colleges in the nation. Further exploration of the recruitment potential in these undergraduate programs is essential.

BY GENEVIEVE W. CARTER

Practice Theory in Community Organization

WHAT IS PRACTICE theory and why are we concerned about it? What makes the professional social worker in community organization any different than the politician who is concerned with organizational processes in winning his election, or the PTA president who, with his constituency, stimulates and develops a community plan for a school dental clinic? Both the politician and the PTA president are sensitive to human relationships, make use of principles of involvement, and use successful previous experience in working with people to guide them in their actions. It is no longer sufficient to say that the community organization worker has a two-year master's degree and the PTA president or the politician does not. We are inclined to believe that, because we have had professional social work training, whatever we do in practice is *ipso facto* a result of social work methods. We must be able to explain the difference in terms of the "doing" of the activities in the community organization process.

Our unified professional social work association has accepted responsibility for working toward clarification of social work practice. In this issue of our professional journal (see page 3), Harriett M. Bartlett, chairman, describes the basis on which the Commission on Social Work Practice of NASW is approaching its study of practice. The development and organization of a body of theory concerning practice is an essential step in practice clarification. It is the function of a profession to define its practice domain and its special areas of knowledge so that its own members may increase their understandings and so that others may recognize the profession's role. It is through theory development that we acquire these professional understandings about the various aspects of our practice.

There are some who say that theory belongs to the sciences and that it is not really important for community organization practice. They would say that a practice should be concerned with operations and not with theory. Every time a practitioner treats and controls he is operating upon some theory of the situation. He is making use of principles and concepts which he uses with disciplined consistency in similar situations. The unusual, intuitive worker may practice with effective results, but he has no principle for dealing with a new situation that he has not faced before, and will approach it on a trial-and-error basis. Practice which is based only on experience is slow to adjust to a changing environment in this rapidly changing world. Theory, on the other hand, is lightfooted. Principles based on practice theory or research theory can be adapted to changing circumstances, can devise fresh combinations and possibilities, and can peer into the future. Theory and principles become communicable, and this is an important characteristic in distinguishing a profession from the skills of the politician and the PTA president.

Practice contributes to theory-building in two ways: (1) It orders the experiences from practice and conceptualizes these

GENEVIEVE W. CARTER, D.Ed., *is director, Program Division, Welfare Federation of the Los Angeles Area. This article was adapted from a longer paper delivered at the 1957 National Conference on Social Welfare.*

practices; this helps to identify the important hypotheses to be tested through research methods. (2) The second important function is at the point of verifying theory derived from research through pragmatic application in practice situations. Research-validated theory is never entirely validated until it is tested in practice situations and we find that it actually does guide and improve our practice operations. This constitutes a reflexive or circular sequence through which practice theory flows, for we can conceive of theory development as a spiral, circular in its progress, but moving upward toward knowledge which more nearly represents truth.

This paper does not attempt to propose a grand theory which accounts for practice of community organization in social work. Rather, it proposes to select a few theoretical notions and concepts that are central to the specialization of community organization in social work. The first consideration is around the nature of the practice of community organization and its place within the context of generic social work practice. The second aspect explores community need as the most critical concept employed in community organization practice. The third explores three other selected practice concepts which are particularly pertinent for community organization.

WHEN IS COMMUNITY ORGANIZATION A SOCIAL WORK METHOD?

The writer proposes that community organization method is a part of the social work practice family when it embodies the core values, goals, knowledge, methods, and skills common to social casework and social group work. This premise requires an identification of the core elements in the more developed methods of casework and group work. It follows, then, that the specialized attributes peculiar to community organization would be added to the base of these core elements. We must distinguish between community organization method as a system of ordered activities and the broader scope of community organization practice, which includes a wide range of activities performed by the social worker in fulfilling the responsibilities of his job in a particular social setting.

As we study and analyze the activities of social workers on their jobs, we find caseworkers using group methods and community organization methods. We find group workers emphasizing counseling methods and also engaging in community organization. Consultation, administration, supervision, and group education are also an integral part of social work practice. All these efforts are directed toward social work goals which serve to improve the welfare of man in relation to his social environment.

Now, if we can forget *who* does the job, and focus on the nature of the practice activities common to our three major social work methods, the following core elements are posed as appearing to be present in all three methods:

1. *Social study and diagnosis of the situation.* The client, the group composed of individuals, or a community segment of individuals and social institutions are always viewed in terms of the social situation in which they function. Our social study and diagnosis are directed toward what we intend to do about it through social work practice. We attempt to identify the strengths or positive factors which can be brought to bear in helping the client, group, or community in a problem-solving process. Study and diagnosis will usually have heavy emphasis during the initial phase of a case or group process, although in practice we recognize that diagnosis is always a continuing and ever present aspect of the relationship process. Several different orders of concepts are brought to bear in diagnosis, concepts about behavior, agency functions, worker skill, time, and resources. Social study and diagnosis lead

into shared and self-directed goals to be achieved, *i.e.*, a changed client or group situation.

2. *Modification and change process.* Worker relationships with client or groups set into motion a change process. Voluntary participation is essential for goal direction and the degree of change is always relative for the particular situation. Since the potential for change lies within the client or community, the social worker, through effective relationships, releases and assists this potential for self-help. Social change constitutes the end product of our social work methods, but the means by which it is brought about must be within the common value system and sanctions of the profession. If the means of change are within the social work value framework, the client or community has been strengthened as a result and through this process is better able to handle the next problem situation. The client or group members have also learned a problem-solving sequence.

3. *Evaluation of the changed-situation (accountability).* The client, group, or community group may evaluate the services of the social worker in terms of satisfaction or help. The community at large evaluates social service results through its recognition of the role and place of the social work profession and through its support (both financial and through use of services). The evaluation of social work practice includes an obligation for accountability to the community as well as to the profession. This means there is a responsibility beyond worker-client progress, for the social worker accepts responsibility for effects of his actions on total community welfare and interrelationships within the community. Evaluation of social work practice, then, extends beyond the point of "case closed," and includes a responsible assessment as to how the "closed case" contributes to the good and welfare of a total community.

If these core elements are accepted as essential, then these three general characteristics of social work method can be held as a minimum screen for identifying those community organization activities that are within the scope of social work method. The chart on page 52 is presented as a tentative means of screening a community organization's activities so that the total panorama of community organization tasks and functions can be viewed in a classification scheme.

If the notions presented in the chart are accepted, social work community organization method is limited to project-centered activities where a problem-solving process is involved, with a recognizable case beginning and termination, and where the method incorporates the generic elements common to other social work methods. The activities initiated by the use of community organization method are a process—focused toward improved community integration as well as toward a self-determined social work goal. Fund-raising, educational conferences, manipulation in power structure, public relations events, directed negotiation, marshaling forces for legislation, or similar activities are important and appropriate functions which are means for organizing the welfare resources of a community, but under the proposed definition these would be excluded as a social work method in comparable terms of casework and group work. Although there may be certain value conflicts which can rule out these latter activities as falling within the practice framework of social work method, they are nevertheless essential and are a legitimate part of social work practice.

Practice responsibility of a community organization worker in social work may consist of a workload with a range of activities that include two or three projects of a problem-solving nature in which social work community organization method is the most appropriate means for working with the community problem. The application of the method results in a process form with some observable phases as gleaned from experience and case records. The

COMMUNITY ORGANIZATION PRACTICE IN SOCIAL WELFARE [1]

Means	Ends
I. SOCIAL WORK COMMUNITY ORGANIZATION METHOD Generic elements of the three social work methods + Specialized elements of community organization	Change toward more adequately meeting health and welfare needs and more co-operative and effective means of accomplishing these goals
II. OTHER MEANS 1. *Facilitating processes* Administration—board development, budgeting, policymaking, and so on Supervision—formal and informal Other co-ordinating techniques	To facilitate communication, co-ordination, develop appropriate structure, controls, channels, intra-agency and interagency and intercommunity
2. *Educational methods* Conferences, forums, workshops In-service training Interdisciplinary understandings and co-ordination Teaching, student field work Committee projects	Change in values, extend knowledge, gain understandings, professional improvement, informed citizen leadership, improved programs and service standards
3. *Research methods* Research Systematic study Fact-gathering	To provide answers to questions posed, to provide basis for decision-making and courses of action
4. *Social action, social reform*	To effect changes in legislation, in social policy, in community structure for meeting social welfare needs
5. *Consultation*	Making knowledge, advice, experience available to others under their auspices and responsibility as they choose to use and implement
6. *Fund-raising* Recruiting and training leadership Developing campaign structure, methods, techniques Financial accounting to donor public	To provide money and leadership for health and welfare causes
7. *Publicity, public relations* Public information media, speeches, press, radio, TV	To develop the climate and understandings necessary for community support and interest in health and welfare programs
8. *Negotiation, arbitration* Other strategy techniques	To effect strategic changes in community or agency power structure toward improved health and welfare programs

[1] Genevieve W. Carter, "Social Work Community Organization Methods and Processes," in Walter Friedlander, ed., *Concepts and Methods of Social Work* (New York: Prentice-Hall, Inc., to be published, Spring 1958).

brief outline which follows explains this proposal:

A. *Reconnaissance Phase*

(1) The intake period—exploration of appropriateness of problem. (2) Is problem feasible in view of community readiness and resources? (3) What is the history of the problem? Who and why interested? What agency or community auspices are interested?

B. *Social Study and Diagnostic Phase*

(1) Formulation of the problem focus. (2) Prognosis for change toward desirable ends. (3) What structure is indicated? How will these relationships be initiated and developed? (4) What community segment of a total community is to be involved in this particular problem? (5) What are the subproblems and issues within the problem focus? (6) What facts or research are indicated? (7) What community strengths and resources are to be utilized? (8) What costs in money are to be considered?

C. *Planning Phase*

(1) Further refinement in problem clarification. (2) Further sharpening of diagnosis. (3) Structure is shaped to problem and community needs. (4) Change process is initiated and under way. (5) New knowledge, shared experiences, interactions, new feelings and attitudes emerge. (6) Project direction and goal is more specified. (7) Planning phase takes shape and course as this particular situation requires. (8) Some change results already evidenced.

D. *Implementation Phase*

(1) Implementation does not necessarily wait until completion of project. (2) Agreements on change are developed and there is agreement on what is to be implemented. (3) The "implementers" are sorted out and responsibility for change is vested. (4) If expected implementers have not been involved in process, how to reach? (5) Responsibilities for change through appropriate channels continue and priorities are set for recommended changes. (6) Evaluation: (a) What social changes were brought about? (b) What improvement in community co-operation and relationships?

This line of thinking assumes that the application of an ordered, disciplined method results in a recognizable process form. Naturally, the detail of the above phases will vary and overlap according to the project situation and what is done about it. But the general outline would be discernible. For instance, the application of another problem-solving method, research method, also results in a recognizable process form of sequential steps, but these steps are not discrete, for they form a continuum which may overlap and blur. It is not infrequent that the research problem becomes most clear to the researcher at the time he is writing his final report!

If this line of analysis is acceptable, social work community organization method would be reserved for those problem-centered projects where the worker can remain within the value framework of social work practice as utilized through casework and group work and where decisions and goals are not predetermined for those who are in a position to implement the changes and adjustments.

THE CONCEPT OF NEED

A social worker would not be in business for long without the concept of need. Nearly every community organization project is concerned with need—need for homemaker service, need for meeting the problems of the aging, setting priorities of need for services in a community, or planning a program to meet the need for mental health resources. Only recently has the concept of need received serious attention by social work researchers or community organization workers. Several articles clarifying the concept of need are now available

in social work literature.[2] A graphic scheme for analyzing community need and sharpening the need problem is available, but because of space limitation, as an alternative, the writer will attempt to clarify in narrative form the characteristics of the need concept which are applicable to the practice of the community organization worker.

Clarifying the Community Need Concept

1. Community need has a different focus from clinical need as diagnosed for an individual. Community need in social welfare is usually considered in relation to an appropriate type of social service. The extent of the community need must be in sufficient volume to warrant an organized service approach.

2. Need should not be interchanged or confused with services. This is a frequent hazard in group discussion. Need implies a diagnosis of client conditions for which we can consider a specific and appropriate service. Professional social work approach to community need is always concerned with two sets of data: (a) the diagnosed condition, and (b) the appropriate service to meet this particular condition.

3. Need should not be confined to problem or to pathology. Social welfare services are preventive and supportive as well as corrective. That is why we speak of needs as conditions, not as problems. When priority schemes for ranking community need are based on seriousness of problem, the frame of reference automatically rules out all types of need or conditions that are not pathological.

4. Need should not be confused with want, since people frequently do not want what they need. Services are usually planned, at least initially, on a utilization basis. Readiness or motivation to use the service, capacity to profit from the service, familiarity with referral channels, personal values or one's reference group values may determine the size of the potential client group.

5. Choices will always be necessary in determining which community need should come first. Public policy can establish a need as a right, as in the case of public assistance, for the need is universally recognized and accepted. New knowledge, changing social values, rising standards of living are continually uncovering new needs. Research methods can clarify the nature of the need but cannot make choices or judgments about the relative importance between needs. Choices can be made by judgments of professional experts, by public policy groups, or choices are made indirectly by responding to pressures for additional financing for particular types of services. Such choices are usually made at the level of services or agencies to be financed rather than at the level of community need.

6. Community need for a particular service would not necessarily include all individuals with the particular condition of need, for all individuals do not require organized services. That is, a segment of the community may have the need or condition under study but has sufficient motivation, resources, or finances to handle its problems satisfactorily.

7. Requests for study or community projects about community need are usually so blurred and confusing that it is necessary to rephrase the community organization problem of need into more specific terms. What kind of need for what kind

---

[2] Genevieve W. Carter, "Theory Development in Social Work Research," *The Social Service Review*, Vol. 29, No. 1 (March 1955), pp. 34–42.

Henry S. Maas and Martin Wolins, "Concepts and Methods in Social Work Research," in Cora Kasius, ed., *New Directions in Social Work* (New York: Harper & Brothers, 1954), pp. 215 ff.

Research Department, Welfare Planning Council, Los Angeles Region, *A Conceptual Framework for the Study of Welfare Needs*, Special Report Series No. 51, Los Angeles, December 1956.

Celia Stopnicka Rosenthal, *Toward the Conceptualization of Needs*, Research Department, Welfare Planning Council, Los Angeles Region, November 1957. (Unpublished manuscript.)

of service? The question is loaded when we say, "We are going to study the need for more family service."

8. Most community groups want answers about the extent or scope of a particular need condition. Social work has no ready-made topology of the conditions which it purports to serve. Neither do we have a topology of service which purports to meet these particular conditions. Even after we have defined and delineated the particular type of need with which we are concerned and after we are able to devise a community-wide case-finding scheme, we may find that a picture of total community need is irrelevant to the problem at hand when a limited amount of money is available for the service. The study might more appropriately be focused on demand for service which represents only a portion of the needy population.

The purpose of the above points of explanation is to explore and sharpen the community need concept as it is used in community organization operations. In its present form the need concept is like a prism, with numerous facets and sides. The next step in theory development is to bring some kind of functional order to these numerous facets, and from there proceed to a level of conceptualization that would yield testable hypotheses.

OTHER PERTINENT CONCEPTS

The professional social worker in community organization has a wide range of concepts or kinds of steps to take. As the community or problem situation changes or differs, he makes conscious choices and adapts next steps to the dynamics of the situation. Greater professional skill in practice means a broader range of theoretical concepts, more depth and clarity in conceptual understanding, and more precise discrimination in the decision-making processes where choices of action take place. From the clarification and extension of concepts we derive theoretical notions or theory fragments which can account for a greater range of behavior and activities. These are thinking tools that allow us to practice with greater facility and discrimination. To illustrate how the practitioner can derive a useful theoretical notion from practice, the following example is offered:

1. *The Notion of Cumulative Sequence.* Practice experience results in observations which are first on a trial-and-error basis. For instance, a practitioner may notice what happens when new groups meet together around some community problem. A newly formed neighborhood council appears to be moving in circles, refusing to take hold of the problem or purpose that brought them together. On the other hand, a policy-making group may go to the other extreme and jump immediately into premature decisions that require undoing. The practitioner generalizes from experience with beginning citizen groups and develops conceptual notions that serve to clarify similar situations when they appear again. This notion of cumulative sequence was derived from such observations. It is similar to readiness, for the sequence of past experiences prepares for the acceptance of the next. The new experience of a group or committee becomes meaningful as it benefits from what has gone before. New committees need to experiment, to build trust with each other, to develop relationships with activities where the stakes are not too high, before moving into the more serious tasks. Such committees like to spread discussion over a wide range in their first meetings, often with scattered and unrelated pieces. If the worker or other committee members shut off the range too abruptly in the beginning, there will be regression. To use an analogue (which is a tool in theory building), the idea of cumulative sequence is similar to life phases in childhood development. The orderly progression of satisfying experiences at one level builds

the foundation on which the experiences of the next phase can accrue. Maladjustment occurs if a growth phase is shut off, or if there is no opening for the next phase to develop. Committees also can get their growth stunted and get bogged down in their initial phase, especially if the third or fourth meeting still finds committee members discussing mechanics of meeting dates and "now just what is our function?" (As they walk down the hall after the meeting, they say it more plainly: "What a waste of time!")

This notion of cumulative sequence can guide the community organization worker in practice. Initial meetings of new committees would be planned to allow for sufficient experimentation and building of relationships before tackling the core problem. At the same time, the notion includes the idea that progression is essential, but it must be in relation to the accumulative sequence that has gone before.

2. *The Concept of Representativeness.* Like all concepts used by professional social workers, the concept becomes more clarified and is more usable as our knowledge advances. For example, the article on "The Concept of Representativeness in Community Organization" is an excellent example of an advancement in concept clarification.[3] Here, the authors delineate the idea of representativeness in two types: representation, which is delegated with authority, and representativeness, which merely represents a point of view or attitude of a particular group or segment without authority. In the former, communication to and from the group to be represented is essential, while in the latter the individual speaks as a free agent but with the attitudes or interests of his reference group from which he has been selected.

Since a community is too large and unwieldy for each person to be present at a large town hall meeting, it is necessary for the worker to practice community organization largely through representation or delegates of the welfare community. The crux of the concept lies in determining *who* is to be represented. This cannot be determined until the *purpose* of the representation has been clarified. If a committee's or group's purpose is to formulate social policy, delegated representation may well impede the progress of arriving at general policy decisions which represent a wide community viewpoint with freedom from vested interests in any specific agency or need. Each particular community organization project, with its purpose and ends defined, draws representativeness from its own universe. It would be ridiculous to set up community-wide representation for a project whose purpose did not require it. The concept of representativeness is so tied in with an appropriate diagnosis of the job to be done that it can hardly be discussed out of context. Another interesting aspect of the concept of representativeness is in the difference of perceptions between the social worker and the appointed members. For instance, the social worker may perceive a particular person as representing labor, while that individual may perceive himself as representing his neighborhood council. People have a number of different reference groups, and when they are selected as representing a point of view of a particular population segment, we cannot always predict which set of values they employ in their committee participation. Another important attribute of representativeness

---

[3] Chauncey A. Alexander and Charles McCann, "The Concept of Representativeness in Community Organization," *Social Work*, Vol. 1, No. 1 (January 1956), pp. 48–52.

See also Mildred Barry, "Assessment of Progress Made by Community Organization in Identifying Basic Concepts and Methods for Utilization in Social Work Education," in *Community Organization in Social Work* (New York: Council on Social Work Education, 1956). Violet Sieder, "What Is Community Organization in Social Work," *ibid.* Murray G. Ross, *Community Organization—Theory and Principles* (New York: Harper & Brothers, 1955).

is found in "peer trust"—that is, Mr. Jones is president of one of the city's banks, and his peers in the community have trust in his point of view and decisions and therefore feel that he represents them. With some further extension of this concept a number of interesting hypotheses could soon emerge.

3. *Institutional Behavior and Change.* Although there are a number of other concepts that might be discussed, the last notion is chosen because we have given so little attention in this direction. If we ever expand into a grand theory of community organization, it might well be in the nature of organizational behavior. One of the unique characteristics of social work practice is that it is offered through social organizations. Voluntary fund-raising has shifted from individual donor giving to forms of institutional or corporation giving. Public social services are becoming institutionalized. No longer can a Carrie Nation, as an inspired individual, organize and marshal resources to meet a particular need. Carrie Nation today might get rebuffed during the intake process of a planning organization. If community leadership is not aligned to some group or organization, there seem to be limited opportunities for initiating community change.

The second interesting aspect of this notion has import for the heart of social work method, the change process. It is not the attitude or viewpoint of an individual that finally brings about change in social services for a community; rather such change must be implemented through organizational structure. Roy Sorenson's chapter on "Stages and Principles of Institutional Change" illustrates this idea.[4] Furthermore, there must be an understanding as to where the important decisions are made within a social organization before change has effects. Sometimes, responsibility for decision-making is so dispersed in an organization that it is almost impossible to locate a center of responsibility or management. Planned change is then impossible.

Social organizations also have a collective behavior. When an organization is threatened (for example, a social agency was placed on contingency budget until certain program adjustments were made), the total organization may begin to generate strength. The board begins meeting after a year's moratorium, the staff (down to the janitor) is affected, the auxiliary group begins to hear about the agency program, and so on throughout all channels of the agency. We need to know much more about the dynamics of institutional behavior, for here may be the key that will unlock the theoretical field in which community organization is practiced. We may dislike the concept of "organizational man," but in the highly organized urban community there is considerable reality in the notion.

In conclusion, then, it appears that we must have more theory development based on experience descriptions that can lead us into research-based knowledge. The present level of interest appears to be more concerned with the operational level of "How do I handle my difficult chairman?" or "What shall I do this afternoon in coordinating our neighborhood council's project with the downtown?" Although we have made a gallant historical contribution to the specialization, we may find through default that these functions are professionalized by adult education leaders, health educators, urban redevelopment specialists, community development advocates, and other community consultants who are giving serious attention to the development of their practice, to writing, and to research.

[4] Roy Sorenson and Hedley S. Dimock, *Designing Education in Values* (New York: Association Press, 1955), pp. 196–210.

BY LLOYD E. OHLIN

Conformity in American Society Toaay

PERSONS OF LIBERAL persuasion in America today are expressing increasing concern about the growing pressures toward ideological conformity evident in all areas of our social life. There is genuine fear that we are less free than formerly to think and believe as we choose. One of the most widely endorsed values in American society holds that we are free to think and believe whatever we wish and even to express our convictions without fear of reprisal so long as our behavior does not violate the legitimately invested interests and rights of others. We have always recognized that our behavior should conform to accepted rules and standards of conduct which protect the lawful person, property, and privileges of others but have persistently maintained an ideology which certifies freedom of thought and belief. Though this doctrine has been repeatedly challenged and often violated in the past, there is a growing conviction that never before have we faced such steady and consistent pressure toward ideological conformity not only in the areas of political beliefs, but in nearly all phases of our social and economic lives as well.

There exists clear evidence of the pressures toward ideological conformity in the increasing professionalization of service occupations in American society. Professional persons are expected to internalize an appropriate set of values and beliefs which will insure that the services provided are consistent with the goals and interests of the community and the clients who support or require those services. In the field of social work the curriculum of training and education is permeated with those values held to be appropriate for the successful pursuit of the profession. Recruitment to the profession and promotional reward within the profession place great weight on ethical and philosophical convictions. Though this same kind of interest is increasingly evident in other professions and in business and industry, it is especially important in social work since social work services are generally directed toward persons who in some fashion or other have failed to fulfill their expected roles in society. Consequently, social workers acquire a special sensitivity to the problem of values and the part which they play in inducing conforming or deviant behavior.

This paper will not deal with why a particular individual acts in a conforming or a deviant fashion. Rather, it is concerned with answering the following question: "Why are pressures toward ideological conformity increasing in our society?" Implicitly the answer will consider a corollary question, "Why do these pressures converge

LLOYD E. OHLIN, Ph.D., *is professor of sociology at the New York School of Social Work, Columbia University.* *This paper was delivered at the annual meeting of the Group Work Section of NASW at the National Conference on Social Welfare in May 1957.*

with unequal force on different persons and groups in our society?"

We shall point to the effects of two major trends which appear to account for the increasing concern with pressures toward conformity and deviance in our time: one is the trend toward increasing size, complexity, and integration of organizational arrangements in our society; the second relates to the trend toward more rapid social change. Following a consideration of the effects of these two basic trends, certain current devices will be examined which appear to be used increasingly to preserve appropriate conditions for personal development, creativity, and social growth.

ORGANIZATIONAL INTEGRATION

There is clear-cut evidence throughout all areas of our social life that we are moving steadily in the direction of increasing organizational integration of our society. This trend is clearly apparent in business and industry where the growth of large corporations exerts tremendously far-reaching control over vast areas of the social and economic life of the country. This integration is taking place in two ways. In the first place it is proceeding through the development of increasingly large organizations with greater potentiality for monopoly control over particular areas of interest. Secondly, integration is proceeding by much closer co-ordination and sharing of control between different organizations. The tendency toward larger associations of business and industrial interests is paralleled in considerable measure by the increasing unification of labor and the tremendous growth of governmental bureaucracies for regulation and service. Educational, religious, and professional associations have shared in a similar growth. Among all of these increasingly large, formal organizations there is apparent a growing integration of policy and sharing of decisions, influence, and power. C. Wright Mills has recently pointed to the development of an increasingly cohesive and integrated power élite on the upper decision-making levels of American society.[1] On the middle levels of power he notes the continued formation of decisions through organizational competition and interest group conflict. Yet it is clear that he sees these conflicts always related in a direct and controlled way to values and interests which dominate upper-level decision making.

The social work profession also shows evidence of this movement toward integration. The struggle toward federation on the part of social welfare associations in the National Association of Social Workers provides recent evidence of the increasing co-ordination and integration of welfare services. The Council on Social Work Education plays a significant integrating role in the clarification of minimum standards for the achievement of a professional social work education. Occupational associations and national standard-setting agencies in the various fields of social welfare services are playing an increasingly important and effective role in raising the level of services throughout the country and aiding in the development of more uniform and accepted forms of welfare practice. Throughout the social welfare field both public and private service organizations are becoming increasingly integrated and dependent on other business, labor, industrial, educational, religious, and governmental organizations in connection with the development of policy, the formation and implementation of decisions, and the carrying out of routine operations.

The sources of this trend toward greater organizational size and integration may be found in the increasing size and density of the population which the organization serves and the increasing demand for goods and services arising from this population. This condition leads to a more intensive division of labor in which specialized roles are worked out to promote the efficiency

[1] *The Power Elite* (New York: Oxford University Press, 1956).

and effectiveness of the operation.[2] However, when tasks become more specialized and finely differentiated in an organization, the problem of co-ordinating and integrating the work of all members of the organization with one another becomes both more important and more difficult. Unless this co-ordination takes place, the goals of the organization will not be achieved. Yet people who work at quite different tasks have less common ground for understanding and communicating with one another. Furthermore, they are liable to try to meet their own specialized responsibilities without regard to possible interference with the work of other units or without an eye to the effect of their limited objectives on the total organizational task.

Increased division of labor within an organization generates a need for greater clarity and predictability in the expectations and relationships of the roles which organizational members perform. Each unit must be able to count on what other units are doing in order that an integrated work product may emerge. A condition is created in which all members of the organization become increasingly dependent on one another for the achievement of personal and organizational success. In such a situation a high premium will be placed on close conformity to the appropriate role models which make up the organization structure. The reliance which organization members must place on one another to get the job done successfully provides a kind of personal vulnerability by means of which conformity can be induced and controlled.

To summarize these points, the greater the division of labor or the specialization of roles within or between organizations the greater will be the pressure on group members to act in predictable, reliable, and conforming ways. In addition, the greater the dependence on one another for the achievement of personal or group goals the more vulnerable the organization and its personnel will be to the pressures which control or produce conformity.

Let us consider briefly some other inherent consequences of increased organizational size and specialization of organizational functions. Work activities tend to get spread out over a wider area in units of varying size and complexity. To keep the total organization functioning properly requires an increasingly clear-cut hierarchical arrangement of authority. It requires increasingly formal definition of the rules which members must observe, the roles they must play, the objectives to be achieved, the values and standards that must guide their work performance. How is one to secure observance of these new requirements when the direct face-to-face supervision, evaluation, and observation characteristic of simpler organizational arrangements are no longer possible? One way to secure the necessary level of conformity to minimum expectations is to proliferate rules, directives, and manuals of standards which must be observed in doing the work. Proper co-ordination of clearly specified work performance with close supervision and surveillance of activity will ordinarily serve to insure the minimum level of behavioral conformity required of organizational personnel. This has disadvantages, of course, for it is likely to produce a ritualistic and compulsive adherence to detailed rules and regulations which is so characteristic of the bureaucratic organization and its dominant personality types.[3]

Another alternative when work activities are dispersed and difficult to observe directly and closely is to try to maximize the amount of ideological or value conformity of organizational personnel. If by selection, training, or other inducement they

[2] For a classic discussion of the sources and functional significance of the division of labor in organized life, *see* Emile Durkheim, *The Division of Labor in Society* (Glencoe, Ill.: The Free Press, 1947).

[3] Robert K. Merton, "Bureaucratic Structure and Personality," in Merton et. al., eds., *Reader in Bureaucracy* (Glencoe, Ill.: The Free Press, 1952).

come to share a common set of values, objectives, and work interests, the necessity for close supervision and detailed specification of job performance is materially lessened. Much greater reliance can then be placed on the worker's motivation to do the job as prescribed and to co-ordinate his efforts with those of others to achieve the basic goals of the larger organization. An extreme situation requiring a high degree of ideological conformity would exist if there were no clear criteria for evaluating successful work and the central activities of the job could not be observed or watched. There is no other professional work situation which approximates this condition more closely than social work itself.

Consider the problems involved in supervising the ordinary caseworker-client or group worker-member relationship. This is a work situation in which maximum reliance must be placed upon the worker. Each client presents a somewhat unique and special problem which the worker must diagnose and treat using such skills, resources, and knowledge as are appropriate to achieve progress with the client's problem. The client-worker relationship is seen as the main instrument for effecting this improvement. The interpersonal interaction that takes place in this relationship and the content that is communicated are carefully protected by requirements of confidentiality and interest in the client's welfare. The presence of others, except those intimately involved in the relationship, is regarded as disturbing and potentially destructive of the therapeutic value of the relationship through which change is to be achieved. This means that the most difficult and potentially effective part of the work performance cannot be observed directly. Furthermore, since there are no clear-cut, objective criteria for determining successful work performance in terms of change in the client's condition or resolution of his problem, it is difficult to tell whether good or bad work is being done in routine cases. Finally, it should be noted that the need to adapt skill and knowledge to the client's unique problem means that a clearly specified set of appropriate actions cannot be prescribed for the worker in advance. It would be wrong to rely on the ritualistic performance of standard operations for in many cases they might do more harm than good.

The social work supervisor is able to get some cues from the written records of the worker about the kind of work that is being carried on in the client-worker relationship. However, these are not fully adequate as a substitute for direct observation and objective criteria of success since there may exist a marked discrepancy between the ability to prepare records and the ability to work skillfully and effectively with a client. Discussion of the case with the worker may sometimes reveal insight, analytical ability, capacity to plan, and other signs of competence, but there always remains a measure of uncertainty as to how the work is being done. This is all the more important because this structural condition occurs in a situation of service where help is being offered to people in trouble, to persons in most instances who are deviants from the normal expectations which control the conduct of successful participants.

There are few supervisory situations other than social work which generate such great pressures toward reliance on ideological conformity as a basis for assuring successful work efforts. By recruiting and training persons who conform fully to the value premises, the objectives and goals, the principles and expectations of "good social work," as it is currently conceived by prominent authorities in the field, the probability of successful work activity may be increased. (Without doubt this has great implications for the standards of recruitment, the nature, form, and content of social work training, and the distribution of rewards for successful professional effort.) The problem of supervising work that cannot be observed directly affords a somewhat extreme representation of the conditions

which arise when individual organizations grow in size and complexity, or when social conditions require progressively closer integration and co-ordination of effort between different organizations in the same or related fields. The increased dispersal of work units as organizations grow in size and in functional differentiation of work activity poses somewhat the same problem for supervision as is generated in the social work field by the nature of the work itself.

There is one further consequence of the trend toward increasing organizational size and complexity for the problem of conformity. As organizations grow larger and their constituent activities become more finely divided and separated from one another in specialized units, the contacts between members of the organization tend to become more segmental in character. In very large organizations many of the members may not know one another at all except as persons responsible for a specialized activity in their joint organizational task. This segmental character of interactions on the job is compensated by a tendency to acquire membership in a variety of groups, many of which may actually be in value conflict with each other. If we are able to keep our various roles separate from one another, no problem is likely to arise. However, the possibility exists that the roles, interests, and values which we assume in our family, political, religious, leisure, and recreational pursuits may conflict with and create an unavoidable crisis situation for our work commitments. When such basic value conflicts are posed, our choice may result in failure to fulfill obligations to one or another of these groups.

The possibility for such role conflicts are minimized if all the organizations we belong to pay allegiance to a common frame of values. There are evident in our society steadily increasing pressures for persons occupying strategic organizational roles to form group attachments whose values and objectives form an integrated and consistent ideological pattern. In the popular literature increasing attention is being directed to the careful selection processes employed in the recruitment of top executives. Well-known observers of major trends in the pattern of social life in American society, such as David Riesman and William Whyte, are impressed with the homogeneous and integrated character of the value orientations of suburbia from which future power figures are being recruited. There are indications, in other words, that a membership career involving a wide variety of groups with heterogeneous and conflicting value systems will not be the pattern of the future for those who aspire to power and position in American society. The pressures to participate in a wide variety of groups, so characteristic of urban life, have potentially disruptive consequences unless all the groups share in some integrated ideological pattern of beliefs, obligations, and goal commitments. The threat of conflicting g.oup membership is being met by counterpressure to develop patterns of group membership that are ideologically consistent. The promising young man continues to participate widely in many different types of group activity but those who belong to all the "right" groups fare best.

SOCIAL CHANGE

The second major trend in American society related to ideological conformity is the increasing tempo of social and technological change. This trend needs little documentation. We are experiencing a tremendous technological revolution. Its pace increases as the cultural base grows to allow new, more varied and elaborate combinations of elements. Such innovations have brought major transformations in our patterns of everyday life. We have felt their impact in our family life, our work organizations, our patterns of education and recreation. Communication has increased greatly among different groups with varying ideolo-

gies, conditions of life, and personal and social needs. Our organizations continue to shift and change in response to new conditions. New problems of status and role position arise within and between organizations as changes in the interest, influence, and power structure of the society alters the existing system of relationships. Rapid social change brings exciting developments and opens new frontiers, but because it transforms the conditions of life it is a source of deviant behavior and values. Old organizational forms and practices are rendered obsolete by changes in the conditions and needs around which they are organized.

Such rapid social change produces a need for organizational flexibility and adaptability to meet the new conditions of life. The organization that persists in maintaining outmoded practices loses out in competition with the organization that invents new ways of doing the job with greater ease, efficiency, and profit. Thus the conditions of rapid social change reward the successful deviant whose behavior does not conform in a ritualistic or bureaucratic way to older practices but who creatively devises new ways to act in greater harmony with the altered conditions of life.

There is a real hazard in such organizational flexibility for we have already seen that all organizations require some measure of predictability and reliability in the interactions of its members. To encourage the members to be deviant, flexible, and creative in devising new work practices introduces a measure of instability in the organizational arrangements which may prove disastrous for the achievement of organizational objectives. There must be some measure of control over innovations in behavior to assure the achievement of organizational goals. If there exists general agreement on values, objectives, and interests, a basis for predictability may be established for encouraging behavioral innovations without danger to the life of the organization. Thus it appears that a successful organizational adjustment to conditions of rapid social change generates new pressure toward *ideological* conformity on the part of its members.

There is still a further hazard for organizations under conditions of rapid social change which must be considered. Whenever rapid social change occurs, existing organizational arrangements are in some measure disrupted. Discrepancies occur between the aspirations of people to achieve success and the opportunities which the structure provides for them to succeed. Rapid social change, by generating these discrepancies between aspirations and access to success goals, contains a tendency toward *anomie* or normlessness.[4] Problems are created for people in the society which existing values and prescribed actions fail to solve. When persons sharing a common problem of this kind come in close communication with one another, they tend to develop new values and patterns of behavior in opposition to those of the existing structure in order to achieve the interests and satisfactions which the older forms deny them.[5] Therefore, there is always the inherent possibility that rapid social change will stimulate sufficient ideological deviance to seriously challenge the existing organizational arrangements.

To achieve success and stability under conditions of rapid social change organizations must develop means for containing tendencies toward ideological deviance. They must plan and prepare for the change and its impact on the existing structure. This need for control produces great pressure toward integration within and between

[4] For a definitive statement on the sources of *anomie* and a constructive commentary on recent work on the problem, *see* Robert K. Merton, *Social Theory and Social Structure* (Glencoe, Ill.: The Free Press, 1957), pp. 131–194.

[5] A stimulating analysis of the process of subcultural development may be found in Albert K. Cohen, *Delinquent Boys: The Culture of the Gang* (Glencoe, Ill.: The Free Press, 1955).

organizations. When policies are shared and joint decisions are made, some of the processes of change at least can be routinized and some of its effects predicted to minimize dislocations. Increasingly, organizations in our society stress exploratory research and often join together to work out new answers to current problems so that innovations can be implemented in a planned and predictable fashion.

CONFORMITY AND CREATIVITY

If we put together the two trends we have described, *i.e.*, the trend toward greater organizational size and complexity and the trend toward more rapid social change, we can see quite clearly the major sources of the increasing pressures toward ideological conformity in our society. We have noted that the need for predictability and reliability of response in large organizations with a highly specialized role structure can be met by clearly prescribed forms of bureaucratic activity under appropriate supervision or surveillance. However, when conditions of economy or the nature and distribution of the work permit little direct supervision, pressures away from detailed behavioral prescriptions and toward ideological conformity are increased. Now add the effects of conditions produced by rapid social change. Rigid or ritualistically prescribed forms of behavior are now dysfunctional for the achievement of organizational goals. A premium is placed on flexibility, adaptability, and creativity for innovating new ways of doing the job which are more efficient in terms of the changed conditions of the times. Under such conditions *ideological conformity* provides a safe measure of predictability in the highly interdependent functional arrangement of roles in the large organizations. The tendency of rapid social change to produce deviant *behavior* is thus harnessed to serve the ultimate values and goals of the organization. The correlative tendency of rapid social change to produce *ideological* deviance is countered by movement toward organizational integration and attempts to control the direction and process of change itself.

In the light of this analysis, it seems inevitable that the major trends of our time contribute to increasing pressures toward ideological conformity, organizational integration, and routinization of the processes of change. To many people this will suggest a dismal picture, for they will immediately project these tendencies into a vision of a completely controlled and integrated society where no deviant values, ideas, orientations, or expectations are tolerated. This reaction would be equally as unrealistic as disregarding the trends we have described. The social organization of our society is so complex that total integration and control is virtually inconceivable in the face of a constantly growing population. The internal and external pressures toward change in American society are so demanding that we will long be hard pressed to contain their disruptive effects on our economy and lives.

The fears of many persons appear to be directed toward the requirements of conformity when actually the frequency and scope of opportunities to develop personally and socially, to innovate and create, are of greater importance. The fact is that organizational requirements of ideological conformity in our time are matched by the necessity to furnish the conditions for personal and social growth so that the creativity needed to maintain organizational integrity in times of rapid social change will be fostered. Successful living on the part of both persons and groups in modern society requires not only a larger measure of conformity to certain organizational requirements but also a greater certainty that the conditions of creativity may be preserved in secure institutionalized forms.

ACHIEVING BALANCE

Two devices appear to be used with increasing frequency to achieve an appropriate

balance between the requirements of conformity and creativity in our society. The first of these is the *conformity-moratorium* for problem-solving activity within an organization. Increasing concern is expressed in administrative, psychological, and educational circles about creating appropriate conditions to encourage creative participation in organizational tasks. Interest is focusing on problem-solving groups which are being developed with greater frequency around special problems that arise in the course of organizational activity. Considerable experimentation is going on in the human relations and group dynamics field to identify the structure of group mandates, task orientations, and interpersonal relationships which provide the best conditions for focusing the creative efforts of group members on special problem-solving tasks. One of the central requirements for effective participation in such group effort consists of an administrative declaration of a moratorium on conformity. This means that group members are freed from the critical restraints ordinarily applied to the expression of deviant ideas or values. The problem-solving group is free to explore any possible avenue for the solution of the problem before them without risking the ordinary penalties attached to proposals of highly deviant patterns of behavior or major reorientation of organizational values, expectations, and objectives.

A popular version of such institutionalized forms for encouraging group stimulated creativity occurs in the "brain-storming" sessions currently popular in some management circles. Of course, the institutionalization of authority to make changes and to initiate new lines of endeavor has existed for some time in specialized departments of large organizations, principally in units charged with the task of research and development. In less dramatic form they also enjoy freedom from the customary organizational requirements of administrative responsibility and ideological conformity. The dramatic development, however, of problem-solving groups throughout the organizational hierarchy constitutes an institutionalized device for engaging and provoking the creative efforts of members *throughout the organization.*

Closely related to the *conformity-moratorium* of the problem-solving person or group is the mechanism of the *confessional* act. Casual observation has suggested that the confessional act is being employed with increasing frequency in formal organizational life.[6] The confession is an act which involves admission of deviance from the controlling values or normative expectations of a given situation. One would expect if the pressures toward ideological conformity were increasing that the confessional act would be used more often since it helps to maintain an appropriate balance between the requirements of conformity and creativity. The confessional act functions to restore value harmony. In admitting deviance it supports and reasserts the supremacy of the existing value structure of the organization. It is an expression of ideological conformity.

At the same time that the confessional act operates to restore the deviant to approved relations with other group members in a common value system, however, it permits a greater tolerance for experimentation with deviant values and patterns of behavior than could exist without it. The secure institutionalization of "a way back" generates conditions where the organization may tolerate exploratory efforts on the part of its members to test out new values and ways of adjusting to changes in the conditions of social life. The group member feels he can test out new ways of adapting and help in changing the organization where these ways prove successful because he is always assured of group reacceptance

[6] The author is currently engaged, in collaboration with Richard Cloward at the New York School of Social Work, in a detailed functional analysis of the nature and role of the confessional act for organizational maintenance.

through the route of the confessional act when his efforts provide excessive challenge to the over-all integrity of the organization and its goals.

Wherever the requirements of ideological conformity are increasing or are particularly intense, the confessional act is likely to become a valuable and heavily exploited device for training successful participants and carrying on successful work. Social work must be sensitive to the values which guide the profession and the actions of its members. We would be blind indeed if we did not recognize the frequency and the functional significance of the confessional act in the social work training program and agency setting. More and more often it is said, "That's my problem." By this act of confession we seek to disarm criticism of our offending behavior or deviant interests and values by assuming the responsibility to carry out self-reorientation consistent with group norms. The confessional act is a restorative device since it brings the member back to the group and reasserts both the validity and his acceptance of the current value structure to which the group is committed. At the same time we should not ignore that, in a situation of great sensitivity to the value problem, the confessional act generates tolerance for experimentation and exploration out of which change and development, personal and social growth may come.

This paper has sought for an explanation of the increasing pressures toward ideological conformity today in the joint effects of trends toward organizational integration and more rapid social change. These are considerably influencing the structure and practice of social work today and point to the need for further exploration of the impact of pressures toward conformity on both social workers and their clients.

Defects Emanating from Virtues—

. . . we are not against all conformity nor are we proposing nonconformity for its own sake. . . . Maturity and ability to live and work with other people require varying degrees of conformity. The needs, wishes, biases, and propensities of others must be accommodated if we are to survive productively and happily. However, the kind of conformity which is troublesome and apparent in various aspects of practice is the kind that vitiates creativity, interferes with services, and abrogates the values . . . underlying services.

Conformity is destructive when it means an unwillingness to face differences, an abandonment of principles and a repudiation of respect for difference—one of our most important value commitments. Respect for difference means that people have a right to be different, that differences are neither good nor bad but simply are. Too often in practice we are uneasy with differences, deny them and act as if we don't mean what we say about the right to be different. Some of us seem to have trouble reconciling that with the value assumptions in the term "common human needs." It is as if differences put a strain upon the need to get along with people, as if getting along requires that there be no differences. . . . Thus, there is conformity in the negative sense which is indigenous in some respects to the profession and its practice. We are concerned with those defects that emanate from our virtues, that are inherent in or unintended by our actions.

From "Problem of Conformity as Faced by the Professional Worker"
by Ginsberg and Miller in *Group Work Papers 1957*

GROUP WORK SECTION

BY CLARA A. KAISER

The Social Group Work Process

THE ACTUAL BIRTHDATE of social group work has never been certainly determined, nor is there full agreement on its progenitors. In attempting to delineate social group work as a purposive and disciplined way of affecting group process it seems to me important to look back into the ideas, movements, and activities which played a part in bringing it into being. In doing so we must distinguish between those which had an influence on the ideas and purposes of social group work and those which acted to bring it into being as distinct from other forms of endeavors to influence group life. Group work neither emerged full blown from the minds of one or more individuals, nor did it just grow like Topsy. In contrast to the Elder Sister discipline of social casework, group work had no Mary Richmond to systematize the principles which had been derived from experience. Group work evolved from the recognition by a number of persons engaged in a variety of educational, recreational, and social service activities that they had common interests and concerns because they were all, to some extent, working with groups of people. They were not mainly concerned with sharing their knowledge of what group process and group behavior consisted, but with ways in which the goals of the programs and services of their respective agencies could be more effectively achieved. These agencies included schools, social settlements, youth-serving agencies, recreational centers, and camps. In other words, it was to improve services and the quality of leadership offered to groups that motivated the early efforts to formulate principles which could guide agencies in developing their programs and in training the workers who served as group leaders. The history of this movement to develop a common body of knowledge and skill for practice in a variety of group-serving agencies mainly concerned with leisure-time programs for children and youth has never

CLARA A. KAISER *is professor of social work at the New York School of Social Work, Columbia University.* *This paper was originally prepared as one of the four position statements requested for the group work project of the Curriculum Study of the Council on Social Work Education.*

EDITOR'S NOTE: This article and those following it were chosen by the Publications Committees of the indicated Sections of NASW in accordance with a policy approved by the National Board of Directors.

been fully compiled, but it is not within the scope of this paper to do so. Two articles contained in *Group Work—Foundations and Frontiers* [1] give some historical perspective of the developments in the formulation of group work as a professional discipline in social work. More recently, Charles Levy has provided a well-documented historical summary of the main organized efforts to delineate the objectives, forms, and methods of social group work as an aspect of social work practice and the body of knowledge and skill forming the basis for professional education.[2]

The ideological forebears of group work as a distinctive process in work with groups are numerous and their influence on its value system and methodology are sometimes more implicit than explicit. I shall attempt, however, to identify what seem to be the most significant systems of thought which have given direction and content to the conceptual framework of social group work.

1. The ethical, social, and theistic beliefs embodied in the Judeo-Christian religions.

2. The humanitarian movement of the late nineteenth century which found expression in the social settlement movement in England and later in the United States.

3. The educational philosophy of John Dewey and his followers who formulated the theories of progressive education.

4. The theories of certain early sociologists who saw in the small group the key to studying the relation of the individual to society, especially Durkheim, Simmel, Cooley, Mead.

5. Recent basic research in small group theory by social scientists, such as Kurt Lewin, Moreno, Elton Mayo, and Merton.

6. The democratic ethic not only as it applies to a political system, but as it permeates all forms of social relationships, and as expressed in the writings of such authors as Mary Follett and Eduard C. Lindeman.

7. The psychoanalytic school of psychiatry.

8. The values, principles, and methods of social work as the profession within which social group work has developed.

I shall not attempt to trace what and how each of these ideological systems contributed to the philosophy and methodology of social group work, but in delineating what seems to me specific and, to some extent, distinctive to this process, I shall indicate what bearing they seem to have had on its theory and practice.

Social group work is not a separate profession, but a discipline within the profession of social work. Its major distinctiveness from the other methods in social work practice lies in the fact that its unit of service to people is the group. This has a different connotation than if we were to designate the unit of service as the individual in the group. Both social casework and community organization are concerned with group relations, but their units of service are respectively the individual and the community. This does not mean that the values to be derived from any helping process must not be measured in terms of the impact it has on the well-being of the individual human being, which is the ultimate goal in a democratic society. It does mean that group work is a means for serving the individual *through* the medium of the group. An understanding of and the ability to work purposively with groups are at the core of the social group work process.

Social work is not by any means the only professional service concerned with a purposive method of working with groups. Educators, clergy, physicians, industrial managers, social science researchers, among

---

[1] Grace L. Coyle, "On Becoming Professional," pp. 328–342; and Clara A. Kaiser, "Group Work Education in the Last Decade," pp. 353–369, in Harleigh B. Trecker, ed., *Group Work—Foundations and Frontiers* (New York: Whiteside Inc. and William Morrow & Co., Inc., 1953).

[2] Charles S. Levy, "From Education to Practice in Social Group Work." Unpublished doctoral dissertation, New York School of Social Work, Columbia University. *See also* "Is Social Group Work Practice Standing Still?," *Social Work*, Vol. 3, No. 1 (January 1958), pp. 50–54.

others, make conscious use of the group process as a means for achieving the ends of their professional disciplines. The elements which distinguish the social group work process from those pertinent to other disciplines will not be discussed in this paper, since consideration has been given to this question in other papers.[3]

The conceptual framework of social group work as a means for affecting the group process must be examined in relation to three major categories of concepts. These categories are concepts pertaining to: (1) the basic values underlying practice and the goals sought by the social group worker; (2) the nature of the group process and its significance for the individual and for society; (3) the methodology of the social group work process.

VALUES AND GOAL CONCEPTS

The value system on which social group work rests is fundamentally that on which all social work endeavor is based. This is attested to very generally in the literature of social group work. The definition of the function of the group worker formulated in 1949 by a committee of the American Association of Group Workers embodies in it this value system.[4] These basic value concepts have been admirably stated by Gordon Hamilton in a paper entitled "Helping People—The Growth of a Profession." [5] She enumerates the following as the "key concepts of social casework today":

1. Any ability to help others effectively rests on respect for the human personality —on the person's right to make his own life, to enjoy personal and civil liberties, and to pursue happiness and spiritual goals in his own way.
2. Help is most effective if the recipient participates actively and responsibly in the process.
3. Respect for others, acceptance of others as they are, and as potentially they can be, tends to induce between worker and client, between the one who seeks and the one who offers help, a relationship which is not only the medium for educational counseling, but for a therapeutic process.
4. Respect for others includes respect for their difference.
5. Self-awareness is essential in understanding others.
6. The individual has responsibility not only for himself but toward the society in which he lives.

These concepts are as pertinent to the helping process when afforded to groups of people as they are in casework. In them we find explicit expression of the beliefs implicit in the Judeo-Christian religions and in the democratic ethos.

Concepts with respect to the goals and objectives of the social group worker as he relates himself purposively to groups fall within a realm in which there is less agreement than in that of the value system. The goals of the group worker must be related to the many variables present in every group situation. The specific needs of individual members, the purpose for which the group exists, the purposes and policies of the agency, the social sanctions of the community, all are factors which must affect the objectives of the social group worker with respect to his function as a helping person. However, there are at least three issues with regard to the goals of the worker seeking to meet needs of human beings through group experience which pertain generally to the social group work process in distinction to other purposive

[3] Harry H. Lerner and Herbert C. Kelman, eds., "Group Method in Psychotherapy, Social Work and Adult Education," *The Journal of Social Issues*, Vol. 8, No. 2 (1952).

Harris B. Peck and others, "The Group in Education, Group Work and Psychotherapy," *American Journal of Orthopsychiatry*, Vol. 24, No. 1 (January 1954), pp. 128–152.

Clara A. Kaiser, "Characteristics of Social Group Work," *The Social Welfare Forum, 1957* (New York: Columbia University Press, 1957), p. 158.

[4] Grace L. Coyle, chairman, "Definition of the Function of the Group Worker," *The Group*, Vol. 11, No. 3 (May 1949), pp. 11–13.

[5] In Cora Kasius, ed., *Social Work as Human Relations* (New York: Columbia University Press, 1949), pp. 8–14.

ways of working with groups. The first of these concerns whether the objectives of the worker are directed primarily to contributing to the adjustment and growth of the individual member or whether they are *also* directed toward the development of the group as an instrument for achieving common goals consonant with the values of human relations discussed above. If the objectives of the social group worker are equally directed toward individual and group movement, it profoundly affects the basis on which the group worker uses himself and his knowledge and skill in determining his goals with respect to a specific social situation. In my opinion this dual concern for the individual's needs and those of the group as a network of interrelationships is a concept which differentiates social group work from other helping disciplines.

The second issue related to goal concepts in social group work has to do with the relative importance to be attached to the quality of the content of group program and the quality of the social interaction processes in group life. John Dewey's definition of education as "any change wrought in an individual as a result of experience" [6] has often been interpreted to mean that substantive knowledge is less important in the educational process than the feelings resulting from a learning experience. The psychological and emotional factors in the growth process are also emphasized in psychoanalytical theory. The definition of the function of the group worker begins with the following sentence: "The group worker enables various types of groups to function in such a way that both *group interaction* and *program activities* contribute to the growth of the individual and the achievement of desirable goals." [7] In spite of this affirmation of the indivisibility of the significance of the quality of the social processes engendered in group life and the intrinsic values of the group's activities, there has been some tendency to subordinate the latter to the former ingredient in pursuing the objectives of the social group work process. Perhaps it is necessary to rethink the concept of program activities as *tools* or *media* rather than as ends in the process of developing the intellectual, social, and emotional potentials of the individual and the effectiveness of the group in accomplishing a progressively more meaningful and significant task. These tasks should include the development of socially aware and effective citizens and the achievement of socially useful group actions if group work is to fulfill its stated objectives. This focus in the objectives of social group work was ably set forth by Grace Coyle when she says:

> One of the primary functions of group work is the attempt to build on the inevitably social interests both of children and adults a type of group experience which will be individually developing and socially useful. By providing within the group work agency for experience in group management, in cooperation for a common interest, in collective behavior, the agency can help its members to discover how to take their place in this organizational life of the community.[8]

With respect to this aspect of the objectives of social group work, we can trace the influence of the social settlement movement with its strong emphasis on the need for concerted action to eliminate and alleviate the social conditions which were causing human deprivation and suffering.

The third issue with respect to goal or objective concepts in social group work has been sharpened by the increasing use of social group work in medical, psychiatric, and rehabilitation services. Are the goals of social group work oriented to therapy or

[6] John Lawrence Childs, "Educational Philosophy of John Dewey," in John Lawrence Childs and William H. Kilpatrick, *John Dewey as Educator* (New York: Progressive Education Association, 1939), pp. 419–443.

[7] Coyle, *op. cit.*

[8] In "Group Work and Social Change," *Proceedings of the National Conference of Social Work, 1935* (Chicago: University of Chicago Press, 1935), pp. 395–6.

treatment of dysfunctioning of individuals or groups or to the development of potentials for growth, or are both within the sphere of this discipline? My answer to this question is that social group work has both therapeutic and developmental goals, but its processes are educative rather than clinical in nature. Saul Scheidlinger has defined this distinction as follows:

> It is useful to differentiate between therapeutic effects accruing from a variety of mental hygiene-based group measures, and therapy in the sense of a psychological process where specific techniques are applied by trained practitioners to deal with recognized areas of pathology.[9]

Not all members of our professional family would make this distinction so sharp. My reason for doing so is not for the purpose of drawing fine lines between group therapy and group work, but because I feel that social group work has its major contribution to make in focusing on building on the ego strengths of individuals and on the social health of groups.

CONCEPTS WITH RESPECT TO GROUP PROCESSES

Since we have defined the social group work process as a purposive and disciplined way of affecting the group process, there must be some conceptual framework as to the nature and forms of group life to which this process is pertinent. The small face-to-face group is increasingly becoming the subject of study and research by both the applied and the theoretical social sciences. We can know much more about the sociological and psychological properties and behavior of groups than we could have ten years ago. How fully or meaningfully this new knowledge about the dynamics of group life has been incorporated into the concepts about how social group work aims can be more effectively attained is far from clear. Is the answer to this problem that the social scientist researcher on small groups is oriented to examining the group process as it functions, and the social group worker on methods to bring about change in group values and behavior? This difference in purpose of the social scientist and the social group worker has served as a barrier in communication between them. There are signs that this barrier is less formidable than it was and that we can look forward to greater demonstration research that can be used for action purposes.

In the development of principles and methods of guiding and enabling groups to achieve the objectives discussed above, it has been recognized that the social group work process is not applicable to all forms of group life. There was a tendency in the earlier stages of the development of the theoretical framework of group work to delimit its application to groups with very specific attributes and purposes. More recently the scope of social group work with respect to the kinds of groups it serves has been greatly expanded. On the other hand, in defining the role of the professional group worker a distinction is now being drawn between "working with groups" and engaging in the "process of social group work." This distinction seems to me to be sound provided that it is based on the methodology of the worker and not on the characteristics of the group.

To be sure, social group work, like the other social work methods, is practiced within the institutional context of social welfare, health, and educational agencies. The number and variety of agencies which now afford group work services is increasing rapidly. Many types of groups are served in these agencies and by no means all of them are served through the medium of social group work. The reasons for this fact are manifold and they lie to a large extent in the still uncharted realm of determining what kinds of individual and group needs can best be met through the use of the professional disciplines of the

[9] In "Social Group Work and Group Psychotherapy," *Social Work*, Vol. 1, No. 3 (July 1956), p. 37.

social group worker. They also lie in institutional conditions which sharply limit the availability of trained social group workers for direct service to groups. This is an area in which there is an urgent need for research as was evidenced in the pilot study of social group work practice undertaken by the Group Work Section of the National Association of Social Workers in 1956.[10]

The concepts of social group work regarding the meaning of group life for the individual and for society are to some extent implicit in its objectives. Since the group is the unit of service, there is an assumption that groups provide a medium for the satisfaction of basic needs of the individual and as a channel for affecting the social structure. Group life is a pervasive aspect of all human experience. The individual personality is an abstraction outside of the social groups to which he belongs; society does not exist apart from the groups which compose it. Any deliberate effort to influence group life must of necessity be limited to those groups which accept and utilize the role and function of a helping person. The agency is the social structure within which such groups are formed and function.

In recent years emphasis has been placed on servicing groups not affiliated with agencies. The workers with such groups have been designated "detached workers." This is probably a misnomer since the worker is not detached from the purpose of the agency in affording services to these groups but only from the physical or operational aspects of the agency. In general, social group work is a process which is applied in agency practice. The purposes and structure of the agency are therefore major factors in determining the kinds of groups with which social group work is employed. But individuals and groups have many different purposes in identifying themselves with an agency. The groups within this structure will take many different forms, as to their specific purposes, as to their structure, and as to the meaning they have for their members. Helen Phillips has defined the agency's function with regard to the groups within it clearly:

> The function of the group work agency is to provide group experiences—the kind of experience that, through appropriate structures and enabling leadership, will contribute to the agency's purposes of effecting the social growth of the group's participants and the development of group units in the direction of social usefulness. The constant demand on the worker as he helps the members to develop both themselves as individuals and their groups is that he focus his attention on the group relations which the agency provides by its very function. The group unit is the primary working base for the worker's contribution to the fulfillment of agency purpose.[11]

The concepts of social group work regarding the nature of the group process are derived both from the accumulated experience in practice and from the social and behavioral sciences. Some principles or assumptions with respect to group process and behavior have been formulated and incorporated into the body of knowledge underlying practice. These have to do with attributes of groups which seem most conducive to achieving the goals of the group work process. These attributes include how groups are formed, size of groups, degree of homogeneity with respect to age, sex, interests, cultural background, expressed or implicit purposes the group has for its members, nature of interests for group activity, group structure and controls, quality of interpersonal relations, *esprit de corps* or group feeling. Although social group work has become much more aware of the essential elements in group life, little or no

[10] Gertrude Wilson, *The Practice of Social Group Work* (New York: Practice Committee, Group Work Section, National Association of Social Workers, 1957). (Mimeographed.)

[11] Helen U. Phillips, *Essentials of Social Group Work Skill* (New York: Association Press, 1957), pp. 51–52.

empirical research has been undertaken to test our assumptions or predilections for certain qualities of groups in relation to goals which have been fairly clearly delineated. That the need for such research is clearly indicated may be seen in the increasing concern which practitioners, agencies, and professional educators have with what seems to be the gap between theory and practice in social group work. Could this gap be bridged by closer and more effective collaboration between the social scientists and social group workers in not only increasing knowledge of group phenomena but in improving our methods for enriching and repairing individual and group life? We have already taken much from the sociologists, psychiatrists, and social psychologists. Perhaps it is time to give as well as take in this vital task of advancing the art of human relations.

METHODOLOGY

It is beyond the scope of this paper to examine fully the concepts which underlie the methods and techniques of the social group work process. Within the last few years a substantial number of books and articles dealing with social group work theory and practice have contributed richly to the methodological basis for practice. This fact is especially remarkable since prior to the 1930's there was scarcely any literature in the field and it testifies to the vitality of this professional discipline.

Concepts pertinent to the methodology of the social group work process have been succinctly and usefully set forth by Gisela Konopka in a paper presented at the Institute on Group Work in the Psychiatric Setting in July 1955 as follows by what she describes as "guidelines and essential parts of the generic group work method." [12]

1. The function of the social group worker is a helping or enabling function: This means that his goal is to help the members of the group and the group as a whole to move toward greater independence and capacity for self-help.

2. In determining his way of helping, the group worker uses the scientific method; factfinding (observation), analyzing, diagnosis in relation to the individual, the group and the social environment.

3. The group work method includes the worker forming purposeful relationships to group members and the group: This includes a conscious focusing on the needs of the members, on the purpose of the group as expressed by the members, as expected by the sponsoring agency and as implied in the members' behavior. It is differentiated from a casual unfocused relationship.

4. One of the main tools in achieving such a relationship is the conscious use of self. This includes self-knowledge and discipline in relationships without the loss of warmth and spontaneity.

5. There should be acceptance of people without accepting all their behavior: This involves the capacity for "empathy" as well as the incorporation of societal demands. It is the part of the method that is most closely intertwined with a high flexibility and abundance of warmth in the social group worker as well as identification with values and knowledge.

6. Starting where the group is: The capacity to let groups develop from their own point of departure, of capacity, without immediately imposing outside demands.

7. The constructive use of limitations: Limitations must be used judiciously in relation to individual and group needs and agency function. The forms will vary greatly. The group worker will mainly use himself, program materials, interaction of the group and awakening of insight in the group members.

8. Individualization: It is one of the specifics of the group work method that the individual is not lost in the whole, but that he is helped to feel as a unique

[12] Gisela Konopka, "The Generic and the Specific in Group Work Practice in the Psychiatric Setting," in Harleigh B. Trecker, ed., *Group Work in the Psychiatric Setting* (New York: Whiteside Inc. and William Morrow & Company, 1956), pp. 21–22.

person who can contribute to the whole.

9. Use of the interacting process: The capacity to help balance the group, to allow for conflict when necessary and to prevent it when harmful; the help given to the isolate not only through individual attention by the group worker alone but also by relating him to other members.

10. The understanding and conscious use of nonverbal as well as verbal material: I especially put nonverbal material first, since the group worker deals a great deal with this, especially in work with children. His capacity to use program materials, which do not demand verbal expression and yet are helpful, should be very wide.

This delineation of principles guiding social group work practice indicates how deeply they are imbedded in the principles guiding all social work practice. It also reflects the body of knowledge which is essential for the social worker who seeks to serve needs of people through group experience. That group life can only be influenced by an understanding of the psychosocial factors which affect it is a fundamental principle in social group work. The diagnostic process so basic to all social work methods must in group work encompass the group as a unit of social relationships within the context of its social environment as well as the individuals who compose its membership. This involves for the group worker basic knowledge of the psychodynamics of both individual and group behavior and of social processes and institutions. This knowledge must be incorporated into the worker's use of himself as a helping person. Self-awareness and a clear conception of his role in dealing with group and individual needs are essential ingredients in social group work practice. Understanding of educational theories and methods are also important elements in the group work process particularly with respect to the selection and development of program content.

Although there are many areas of social group work methodology which need further formulation and scientific validation, this is not the most urgent problem confronting the field. The chief problem lies in bringing about a closer integration of the avowed goals of social group work process with the scientific knowledge now available about group life, and the formulated methods and techniques for the purposive development of group processes and relationships in practice in the ever expanding number and types of settings in which groups of people are being served. Group life has potentialities for stultifying and restricting individual growth into patterns of rigid conformity or dependence as well as for releasing and strengthening the capacities of individuals. Group life may have a regressive and even destructive effect in our societal structure. In furthering social and mental health, we must become as knowledgeable and concerned with the causes of dysfunctioning of groups as we are with those of individuals and of our basic institutions. The increase in the number of antisocial groups among youth and adults bears witness to this fact. The protest of such writers as William H. Whyte,[13] against the trend toward subordinating individual creativity and initiative to group thinking and action in an increasingly bureaucratized society must be scrutinized by the social group workers as well as by the social psychologists. More than any other applied social science, social group work has a responsibility to afford demonstrable and discriminating evidence of how human society can be bettered through services which enhance the meaning of group experience to individuals and which contribute to the achievement of the goals of a democratic society.

Social group work is still a new and evolving discipline. Professional education for this area of social work practice has existed for barely three decades. The re-

[13] *The Organization Man* (New York: Simon and Schuster, 1956).

sponsibility for preparing creative and effective practitioners for professional service rests not only with the schools of social work but also with the agencies and the bodies of professional workers. In summarizing, I would like to suggest the following tasks which these groups must undertake if social group work practice and professional education for it are to attain the stature necessary to achieve their avowed goals.

1. There must be a clearer delineation of the focus of social group work objectives. Is it a process directed to working with individuals in groups or one working with groups of individuals?

2. The scientific basis of practice must be broadened and deepened through better integration of relevant knowledge from the social and behavorial sciences.

3. Research techniques should be applied to the problems encountered in practice and to the measurement of movement toward goals for groups and individuals.

4. Recording as a tool in practice and for professional education should be more fully and effectively developed.

5. The impact of differentials in agency settings on practice should be analyzed so that both generic and specific elements in professional education may be incorporated into the curriculum.

6. The content and emphasis in professional education curricula should be examined in view of the preponderance of supervisory and administrative functions carried by the great majority of trained social group workers.

7. Relationships of social group work with other professional disciplines within social work and in related fields should be more clearly defined and developed.

Social group work as a purposive process for influencing the group process derives its body of knowledge from multiple sources. The most important responsibility practitioners and educators have is to integrate and synthesize this knowledge as a means for effective service to human beings.

MEDICAL SOCIAL WORK SECTION

BY TINA CLAIRE JACOBS

Casework with the Very Young Child in a Hospital

THE SMALL CHILD who is ill suffers a disruption of his normal state of well-being. When hospitalization becomes necessary, frustrations inevitably occur. An interruption in the child's development may take place with the separation from his parents; it may be necessary for him to make an almost total readjustment. Children often seem to need help in learning to cope with the reality of their illness and hospitalization. This paper describes the author's work with several preschool children who have experienced prolonged ill health.

Perhaps the most unique aspect of this hospital is that it is located in a small city yet gives service to a very large geographical area. Many patients come from distant parts of the state and from neighboring states as well. The children who are treated here often have unusual or chronic or critical illnesses—otherwise they would receive service at a hospital more conveniently located to their homes. Frequently, they must remain for months or return periodically for treatment. Realistic factors, such as distance, may prevent their parents from visiting as often as would be desirable. My responsibility has been primarily centered on the hospitalized children ranging in age from two to fourteen years and with noncommunicable diseases. There are approximately sixty such youngsters at a time, with a heavy concentration of children toward the lower end of the age range.

The work has included all the traditional services performed in a teaching hospital setting. There are manifold services to be offered and these vary with each situation but are related in some way to the social and emotional adjustment of the patient and his family. In addition, there are the innumerable ancillary services performed by all personnel associated with the children and which are geared toward making the youngster more comfortable and happy. Our wards are well staffed: doctors, nurses, aides, and recreational and school personnel provide programs of activity and the ever necessary Tender Loving Care. The children are dressed and up and about whenever possible.

What of my "client" who most often is a tiny tot? Professional orientation leads me to observe the children from a different focus of attention than the other workers on the ward. Miss Fraiberg reminds us that ". . . the caseworker in any setting who is doing treatment of children, is first of all a caseworker and brings a particular type of

TINA CLAIRE JACOBS, M.S.S., *is medical social worker, University Hospital, University of Michigan, Ann Arbor, Michigan.*

training and professional background to this work."[1] It soon becomes apparent that each of the children has a strong reaction to the separation from home and family and to the pain of treatment. The ward is never without at least several small children who are showing their pain and anger, some in a withdrawn way, others in an aggressive way. Expression and recognition of disturbing feelings tend to reduce discomfort and to lead to more satisfactory adjustment. How then to help a child toward this when his vocabulary is limited and his modes of expression are different from those of the older clients with whom we are taught to work?

A DISTURBED CHILD

Patty was just three years old when she was referred to Social Service. More than half her life had been spent in hospitals because of a chronic, infantile skin condition with urological complications. This necessitated a regime of soaks, frequent baths, restraints, an unsatisfactory diet, catheterizations, and other painful procedures. The urologist who referred her suspected that voluntary urinary retention was part of the problem.

> Patty was the fifth child of middle-aged parents. In the decade preceding her birth, two siblings had died—a sister sixteen years of age and a brother of four. The family is Roman Catholic, the father a regular worker with a position of responsibility. Mrs. O had believed she was in menopause when Patty was conceived. Mrs. O was very much upset by her pregnancy and, at the time of Patty's birth, the mother experienced the onset of eczema. The mother's adjustment had been precarious throughout Patty's life with many hysterical symptoms. These culminated in a severe anxiety attack necessitating hospitalization just prior to the beginning of my work with the family. An older brother was married and out of the home; a nineteen-year-old sister was in a position of serious rivalry with Patty. Mr. O saw his place in the family as that of the breadwinner and seemed to retreat from the emotional problems as much as possible. The parents visited Patty irregularly with great scenes on the part of the child when her mother left.

Fortunately, Patty's parents live within commuting distance of the hospital so that it has been possible to work regularly with them as well as the youngster. This child's problems were so great that, less than a year ago, both medical staff and parents were tempted to "give up." A close working relationship with both and casework treatment of the mother effected many changes which contributed greatly to the youngster's improvement. This paper concentrates on the casework contacts with Patty and omits the other aspects.

Patty was a "holy terror" on the ward. She would have several severe temper tantrums daily, was completely unco-operative with all procedure, was both unloving and unlovable. She was so violent during any type of test that it became almost impossible to perform. Patty rejected attempts by other personnel to offer affection; she could not get along in a play situation. Each time she was discharged from the hospital, readmission became necessary within two weeks.

In setting up a plan of treatment I felt that the child should be directly included, particularly since the mother-child relationship appeared to be a disturbed one and was likely to remain so for some time. It appeared that Patty was alienating herself from all relationships and I suspected that it would take a great deal of time and effort before this youngster could trust an adult. It seemed that until Patty could do this, she would continue to suffer greatly and, unless an assertive effort was made to interfere with her pattern of functioning, she might well become even more severely damaged emotionally.

[1] Jeanette Regensberg and Selma Fraiberg, *Direct Casework with Children* (New York: Family Service Association of America, 1957), p. 15.

I started out by seeing Patty daily. Because she let out a howl at the mere approach of a staff member, I discarded my white coat to look different from the other personnel. Despite this change of wardrobe, Patty was not impressed by my presence for some time. Perhaps twenty interviews were spent in sitting by her bed, my expressing interest in her, in what she was doing, in what was happening to her—and getting almost no response. I explained my presence to Patty by telling her that I was a lady who came to see the children in the hospital to talk to them. I liked her and I wanted to be her friend. Gradually, I put out feelers—indicated that I knew she didn't feel well, was sad. I talked to her about some of the things that went on in the hospital—the "shots," special trays, being away from home. Finally, Patty began to respond, to talk about neutral subjects, and a friendship between us gradually developed. As she began to trust me, she showed more interest in the people and things around her. The first worry she brought out spontaneously was "Is my mommy coming?" When I was able to clarify the visiting plan and make arrangements for her mother to visit regularly three times a week, Patty would ask me over and over the same question as if she could not believe me. She would repeat at length: "My mommy can't come today but she will come tomorrow." She was able to accept the explanation and, with gradual encouragement, started to be able to tell me about her mother's having been sick (a hysterical episode which had occurred at home) and other family problems. Patty initially denied negative feelings about her medical treatment, but I scrupulously attempted to prepare her for new procedures and to verbalize appropriate feelings for her. As Patty slowly became able to express herself more appropriately, her hospital adjustment improved remarkably. There were still tantrums and explosions, but these were far less frequent and the little girl began to be able to have relationships with other people. We continued to have our special time together every day during which Patty came to my office. I sometimes made suggestions as to things we could talk about such as family members, being sick, being scared, the frequent readmissions, treatments, her behavior, and, slowly, we talked about all of these and she participated actively. This enabled me to give her encouragement and support and to help her to understand better at least some of what was happening to her. For example:

> I could recognize with Patty that she didn't like the tube (catheter) and that it hurt and made her angry. The doctor needed to do this to help her get well. Lots of children had to have this tube and none of them liked it. But some of them found out that if they didn't jump around quite so much, the doctor could get the tube in and out more quickly and it really wouldn't hurt as much. Of course it was okay to cry because Patty was scared and everyone understood that.

No attempt was made to probe into her feelings and explanations were realistic and simple. As she seemed to accept them, she appeared less terrified.

When Patty was discharged, a regular weekly clinic plan was set up. By this time she could tell me of the high spots in the week's events. Some readmissions were necessary but these have become less and less frequent and now she is doing well.

This little girl is, of course, an emotionally disturbed youngster. There are serious psychogenic components in her illness and important problems in her relationship with her mother. She has been physically and emotionally traumatized repeatedly during the developmental period of her life. Patty needs help of a more intensive nature than we can offer her but, when first referred, she was no fit candidate for a child guidance clinic because of her almost constant hospital admissions. Nor could she be accepted at a child psychiatric treatment center because her need for nursing and medical care was far too great.

After psychiatric evaluation early in our contact, it was decided that the social worker would attempt to stabilize somewhat the situation prior to psychiatric treatment. Now her doctor and I feel she is ready for out-patient psychotherapy and it is possible to prepare her for this. In the interview preceding the first visit to the psychiatric unit, I told Patty that the next time she came, Dr. Q and I wanted her to meet a "talking doctor." This doctor just wanted to talk with Patty and she could tell him anything she wanted to. Patty asked for reassurance several times that there would be no painful treatments and, after this was given, I suggested we go together to see the new doctor's office so that she wouldn't feel strange. Patty was interested in all of this and seemed to have understood what I had tried to explain to her.

Patty is probably of above average intelligence. She is a good illustration of how a preschool child can make real strides with casework help that actually is not very different from what might be offered an older patient.

AN AUTISTIC CHILD

Little Maisie is a familiar figure on our ward; she has spent the better part of a year with us. She has had surgery to reconstruct the esophagus and has just recently become able to eat by mouth. Maisie's home situation is a deprived one and the emotional and social problems are enormous; we are attempting, of course, to deal with these. But, in the meantime, what of two-year-old Maisie? At the time of her admission, she did not speak a word, never smiled, rocked to and fro no matter where she was, banged her head on the sides of the crib, and was unresponsive to everyone. In short, she presented the classical picture of the autistic child and showed no improvement even as her surroundings became more familiar. There were only a few of us to whom she would respond passively—at least permit us to hold her, or offer her warmth and affection, and to try to give her some of the mothering to which she was entitled. I felt that it would be helpful to Maisie if I could establish a trusting relationship with her. Then I could try to understand and meet at least some of her needs. It was difficult, indeed, to communicate with Maisie by means of words in the early part of our relationship but I decided that, with a child of this age, I would try to create an emotional atmosphere in which she would experience some security and comfort.

It is necessary to "start where the client is" and this meant that I could expect no more of this little girl at the onset of our relationship than that she trust me to the degree of remaining with me. I took her to my office for a short period each workday where my time was undividedly given to her. At first she would just sit on my lap and look at me solemnly and it was several months before she participated actively. During this time, I tried to interest her and spoke soothingly to her. Slowly, she gave indications of wanting to become more a part of the situation—asked to walk and began to display a little initiative. One day she threw down a doll to have it picked up again and perhaps this was her first attempt at play. Interestingly enough, each step forward in her becoming more outgoing has been carried right over to the other people on the ward and she became able to play with them, too. She began to wander down to my office on her own and I know it is a place of special meaning to her. I have tried to give her extra support following traumatic procedures and have frequently reassured her that she is getting better and will be able to eat like the other children. At times I have given her toys which I felt she needed; as you might guess, the toy dishes and other eating utensils are her favorites.

I have found that my direct association with Maisie has enabled me to interpret her needs and behavior to the other staff people in a far more meaningful way. This

is, I believe, one of our most important functions and I think that, whenever possible, interpretations should be practical rather than theoretical. For example, Maisie was sufficiently nourished by means of her gastrostomy feedings and there was considerable extra bother in providing oral satisfaction until such a time as this could be considered as food intake. However, this little girl became visibly upset when the food carts rolled onto the ward—would shake and immediately become grumpy. One day Maisie took my hand, pointed to the cart and said "I want some." With this information in hand, it was simple to make arrangements for her to be given at least ice chips at feeding time or a few clear liquids which would enable her to "eat" too.

She was encouraged to address several of us who were close to her by our first names after we realized that it was too difficult for her to use full names and she had started to call various people "mommy." She accepted this plan without difficulty.

Maisie continues to have good moods alternately with the more withdrawn ones. It is a rare sight now, however, to find her rocking back and forth and the head-banging has ceased entirely. When she is not feeling up to par now, she asks to be held, will sit on my lap and play with my coat button. From time to time she will look up at me and she is able to indicate when she has had enough of the cuddling and is ready to play or chatter. She talks now and sometimes will tell me long stories, will laugh and tease. It is hard to understand all that she says but she knows that I am interested anyway. I have seen her at approximately the same time early each morning and once, when I was very late, she darted away from the play group and came to my office. I noticed also that she was quite sullen each Monday morning and usually would not come with me until I came back a second time later in the day. She did not seem to understand when I tried to explain to her on Fridays about the interval until I was to see her again, and so I decided to say "good-by" to her in my coat before the weekends. I hoped that she would associate the coat with the fact that I would be away but would be coming back as I had assured her. It had some meaning to her because she would generally become quite angry with me when she saw the coat. Of course, as she became older and more verbal, she learned to count and seemed to understand better that it would be "two more days." The nurses reported that she seemed outgoing and happy during the weekends. In connection with this, it should be noted that among the staff the social workers have one of the most stable schedules, there is no rotation and, almost always, they are there five days a week.[2]

It is important to mention the inadvisability of becoming the sole person in the life of a small child. My treatment of Maisie would not be successful if she withdrew each time she was separated from me. My time with her is necessarily limited and has been geared to offering additional warmth and understanding and support. The main purpose was to enable her to

[2] The exception to this occurred when I became ill and was hospitalized for several days to be followed by time away from work. At the time this happened, Maisie was already responding positively to my efforts with her and she expected me to spend time with her each morning. Because she had been deserted so often by others, I felt she should have some explanation as to why I was away. We decided that the hospital school teacher, whom she trusted, would tell her that I had broken my arm, was sick and couldn't come to see her. Miss B would bring her to see me if she wanted to come. Maisie acquiesced passively to this, came in the arms of the teacher, and cried when she saw me. I told her how happy I was to see her, showed her my arm, and explained that I would come back to the ward to see her as soon as I could. This experiment of bringing the child to see me was undertaken with misgivings and yet I doubted that Maisie would understand why I was away unless she could see it for herself. The experiment proved successful. Maisie spread the tidings of my broken arm by taking each pediatric employee and visiting parent to my darkened office. She would point to the door and explain "Arm broke—can't come in."

experience an emotionally positive relationship so that, hopefully, she could trust some other adults too. This goal has been achieved and little Maisie now has a spontaneity and enthusiasm all her own, a desire to share her joys and her sadnesses rather than to keep them all inside herself.[3]

The question remains, is this casework? Part of casework is the putting forth the effort to establish a trusting relationship with the client in order that we may understand him better and help him, when we can, with his problems. My training and experience as a social worker contributed greatly to my understanding of her, concern for her, and interest in her. The tools used in the casework treatment of an older client were applied, in this case, to a young child—in a way that was meaningful to her.

A "MODEL" PATIENT

Billy was four when we began to treat him for nephrosis—a disease characterized by marked accumulation of fluid in the body. A child with this illness may be very disfigured and uncomfortable as a result of his puffiness and Billy seemed to be particularly afflicted in this way. Billy spends approximately every third month with us. He is good natured, cheerful, cute—a "model" patient. His family situation is a strong one but when he is at the hospital, Billy is four hundred miles from home.

Billy is the fourth of six children. The home is rural; the father works regularly as a laborer. The parents' marriage is a strong one and no particular behavior or emotional problems are evident in family members. Billy's development was normal and this is the only known serious illness in the family. The family lives simply; both parents have an elementary school education. The parents' car is old and cannot withstand the trip to the hospital. The local minister drives Billy's parents down to see him occasionally, but the visits are infrequent.

Billy generally feels quite well when he is at the hospital, is up and about, and familiar with the surroundings and personnel. He enjoys the playroom activities and participates actively. At times he feels very ill, indeed, and then he will talk to no one and will not even cry. He seems indifferent to medical treatment, including the usually dreaded bloodwork. Because of his attractive appearance and good nature, Billy receives a great deal of positive attention from everyone and there is no outward evidence of problems.

My frequent ward visits make me a familiar person on the ward and, in general, the children accept me as a friendly person and are not frightened. One of them appropriately nicknamed me the "worry lady" and I explained my interest to Billy in this way when I first spoke with him in my office. I wondered why he needed to come to the hospital and what it was like being here. Billy knew that it was because he was sick and became puffy; he "liked" the hospital. He seemed surprised when I asked about his family and, as we came to know one another better, he was able to tell me how much he missed them. The family is a happy one and Billy was trying to hold up his end by being a "good boy." Because he had been sick for so long, he had incorporated a social standard based on recognition for conformity; he thought that by being "good," he would hasten his return home. When Billy is in the hospital, I see him for regular interviews about once a week,

[3] Arrangements were made eventually for Maisie to be placed in a foster home following hospital discharge. At the time of placement, she was physically well. It was not possible for her to meet the social worker from the placement agency until the time of discharge and so I attempted to prepare her for the experience. I talked with her about going "bye-bye," about going in a car with a nice lady to a new house where there would be a mommy and daddy and some other children to play with. We took excursions around the hospital so she could become accustomed to being in new places and seeing new people. When the time came, Maisie went off with her new social worker as planned, and shortly afterward fell asleep in her lap in the car.

and leave the time open for him to bring up any worries and generally check to see how his emotional health is bearing up under the strain of separation from home. Although at first he was not able to express his longing directly, Billy began to appear for a short visit with me at the times that his roommates had company. Gradually, he has become able to bring out some feelings of resentment toward his parents for leaving him and for not visiting more often. This has enabled me to offer recognition, to talk with him about his family, explain why they could not be with him, to comfort him, and to try to lessen the feelings of abandonment. As Dr. Josselyn points out: "The reassurance that 'everything will be all right' is what every sick child wants and needs." [4]

Billy has learned now that it is all right to cry when he is in pain, that this is understood and accepted. He jumped at the opportunity to have a doctor's kit of his own so that he might practice at giving "treatment" too. Slowly, he has brought out anxiety about himself: "I want to be a cowboy when I grow up *if* I get better." Billy wondered if he would ever be well enough to go to school and brought out feelings of discontent at being so disfigured: "I don't want to look like Santa Claus." These were handled realistically with direct reassurance and, when he goes through stages of not feeling well, additional support and encouragement are offered.

Slowly, Billy became able to see that his state of well-being did not depend on utter conformity to hospital procedures. He became more aggressive and somewhat more demanding but not excessively so. He had several social problems while in the hospital and appropriately brought them to me so that we might work them out together. These included being bullied by another boy and a room change which he did not understand. Each time, a realistic explanation of what had happened and support seemed to help him.

I have continued to see Billy at the time of his semimonthly clinic visits so that I will remain a consistent figure in his hospital experience. I hope that having someone away from home with whom he can talk about his feelings at what is happening to him will reduce the permanent impact of his frequent hospitalizations. "We have learned from psychoanalysis that the period of childhood which precedes the establishment of the superego (roughly the first five years of life) is an especially rewarding one from the standpoint of prevention and early correction of emotional disorders." [5] With a child like this, whose emotional problems are far less serious or obvious than those of either Patty or Maisie, the purpose of a professional relationship is primarily preventive.

This paper gives some examples of what has evolved in work with preschool age children in a hospital setting. In each instance, it would have been preferable to have helped the child's parents carry out their roles more effectively; but because of personal or geographical limitations other methods had to be devised. Toys and play were used only in their natural sense—as an aid in establishing a relationship with a youngster. Colleagues have asked me about the techniques, have seen my work as being highly specialized. Yet, upon review, the principles and methods do not seem very different from those used with an adult client. The difference perhaps is in the need to connect with the experiential world of the very small child. The child, as well as the adult, must be met where he is and the child—of course—is at a lower level of experience. With both, the relationship is used as a means of understanding the individual and his problems and helping him to live more comfortably with himself and his environment.

[4] Irene M. Josselyn, M.D., *Emotional Problems of Illness* (Chicago: Science Research Associates, Inc., 1953), p. 13.

[5] Selma Fraiberg, "Counseling for the Parents of the Very Young Child," *Social Casework*, Vol. 35, No. 2 (February 1954), pp. 47–57.

PSYCHIATRIC SOCIAL WORK SECTION

BY ROBERT J. GAUKLER AND ETHEL S. WANNEMACHER

Collaborative Process with Psychiatric Residents

THE BASIS OF good medical practice in a psychiatric setting is the collaborative process, a process in which every member of the hospital team participates fully to insure maximum help for patients and their families. What are the structures that underlie this process? What are the respective roles of the team members? What clarification of these roles is needed? What is the role of the supervisor in helping the supervisee to assume his individual team relationship? These are questions pertinent to the use of structure and process in psychiatric resident supervision. In considering them, our model is the training method used at Friends Hospital in Philadelphia.

In conformity with most training institutions, the work at Friends Hospital is so structured that the resident psychiatrists work in close collaboration with the social workers, supervising psychiatrists, and the other personnel of the hospital. This paper is limited to the role of the resident psychiatrist and his relationship to the social worker and his own psychiatric supervisor.

"PATIENT-FAMILY" APPROACH

It is not usual for the medical school or the general internship in a hospital to provide the candidate for psychiatric residency with much preparation for the structure and process of patient treatment in a psychiatric hospital. Once the candidate enters his psychiatric residency, however, he is immediately confronted with a multitude of complex problems requiring close working relationships with the families and relatives of his patients and with his psychiatric supervisor and the social worker assigned to his patients.

In a psychiatric setting, the physician is the head of the hospital team; the social worker represents the enabling social service. The close working relationship of the psychiatric resident with the social worker and with his psychiatric supervisor is influenced by the manner in which the hospital approaches the problem of mental illness

ROBERT J. GAUKLER, M.D., *psychiatrist, is psychiatric consultant for various social agencies in Philadelphia and Norristown, and was former director of Male Service at Friends Hospital, Philadelphia.* **ETHEL S. WANNEMACHER** *is administrator of Social Service at the same hospital.* *This paper was originally presented at a meeting of the Psychiatric Social Work Section of the Philadelphia Chapter of NASW in April 1957.*

for the hospitalized patient and his family. If the patient is treated as an entity apart from his family, the intrastaff organization is different from the approach in which the patient is treated in the setting of his family, which in turn needs assistance. A third approach may be to treat the family primarily, and expect the patient to improve through the improved family situation. The policy at Friends Hospital is to follow a middle course and treat the patient as a member of a team—his family—which is upset by any of its members' problems and needs assistance.

In light of the "patient-family" approach, our team orientation has its initial roles cast. The resident is chiefly concerned with the problems of the patient; the social worker with the problems of the family. From the beginning, however, the resident is the group "captain," a role made known to the patient and his relatives upon admission. Co-ordinating the efforts of the resident and the social worker are the staff supervising psychiatrist and the supervising social worker.

This organization is formalized for the patient and his family during the admission procedures, and it includes all those who work together to help the patient. This "coming together" in itself represents a beginning process; something different is beginning to happen now that the patient and his relatives have arrived at the hospital.

It is expected that a reliable informant will accompany each patient to the hospital. The resident, the social worker, and the nurse are informed of the arrival of the patient and his family. The resident introduces himself to the patient and his family, in turn introducing the team members. These staff members are then responsible for the reception of the new "group" and their introduction to the assigned hall. If commitment has been necessary, the resident checks the necessary papers; if not, he supervises the completion of the voluntary admission forms. After the patient has been taken to his room and the painful farewells said, the family members are seen by the social worker in an admission interview during which she helps the family with questions and problems created by the illness and hospitalization. Financial problems are discussed, the routine of the patient is presented, and explanation is given of how the hospital staff works with the patient and family. They are told when they can reach the doctor by telephone for medical information so they can feel a continuing contact with the hospital during the first week of waiting to visit the patient and to see the doctor and social worker. They are informed of the evaluation conference, to be held shortly, at which the doctor can more clearly outline the problems of the patient, the type of treatment recommended, the probable length of hospitalization. All families look forward to this conference, which gives them emotional support during the first week or two of separation with its attendant anxieties and problems.

By this time the family members are establishing a relationship with the social worker. Usually they are willing to participate and accept continuing casework help with the problems the illness is creating for them as well as with those aspects of the illness in which they have played a significant part. They may become curious about problems that will arise during the patient's hospitalization. Regular appointments are scheduled to see the social worker through the admission period, which includes the evaluation conference. Thus they are drawn into the collaborative effort in behalf of the patient.

Following the interview with the social worker, the relatives are interviewed by the resident physician for a family history pertinent to the present illness. At this time, the resident gets a "feel" of the family situation. The family members, in turn, become better acquainted with the physician, and by the time they have completed

their initial contact with the social worker and the resident, they feel the hospital has a full interest in the patient and themselves. Following these two contacts, the family will, in all probability, experience relief from guilt, anxiety, and hostility. Knowing the social worker's concern for their problems, they can depart for the first good night's sleep in a long time.

After the family leave, the physician sees the patient to learn firsthand what troubles him, and receives another point of view about the problems. He thus initiates the therapeutic regimen with the patient. Two pitfalls must be borne in mind in using this method. Primarily, the resident must guard against undervaluing the patient's narrative and relying too much upon the relatives' story—a patient can get lost in history-taking procedure. Secondly, paranoid patients may react with increased suspicion and doubts if the contact with the family is overemphasized. If the resident is aware of these possibilities, the dangers tend to be neutralized. During the first week, the social worker also visits the patient to let him know about social service and its connection with his relatives as part of his hospital experience.

This process, as described above, is like the overture to an opera. It contains all the themes, but the dynamics in the interaction of the participants have not yet come to fruition.

CAPTAIN OF THE TEAM

In the initial contacts the roles have been cast, but what are some of the consequences? If we examine them, we see that there are many problem areas to be clarified. As stated before, in the team orientation the resident has the most direct intimate contact with his patient and from the patient's point of view is the chief member of the hospital staff. He is thought to be the "captain" of the team by the patient. But is he ready for this role? In all probability no, because it is a role for which he is yet untrained. However, since it is essential for the patient and the family to feel the utmost confidence in him, the other members of the team must maintain him in this role yet recognize that he is a trainee who needs the guidance and assistance of the collaborating social worker and his supervising psychiatrist. The resident has two roles to play simultaneously, and he must identify with each of them in order to succeed. This duality is most clearly seen in the evaluation conference in which each member of the hospital team must participate with a conscious knowledge of the significance of the collaborative process.

Let us examine the relationship of the team members with the patient and the family. The resident works directly with the patient, the social worker directly with the family. The supervising psychiatrist and supervising social worker maintain close contact with both these staff members, but have little contact with the family and patient. In essence, the supervisors' roles are to see that the developing treatment goals of the resident and the social worker run parallel courses and not at cross-purposes to one another. If the supervisors are adequately trained, experienced, and skilled, they feel secure in this background position through which they assist the resident and social worker in maintaining close collaboration through a growth process in which the hazards of rivalry, jealousy, competition, and faulty role-taking can be avoided. The psychiatric supervisor guides the resident toward becoming the real "captain" of the team. The psychiatric supervisor must always permit the resident to assume his full responsibility in regard to the patient and family. He must be fully aware of the ever changing role of the supervisor as it evolves in the resident's educational process. He must guard against acting out any problems he has with the resident and/or social worker lest he break down their lines of collaborative communication. His

is a behind-the-scenes job as stage manager, teacher, and coach. Simultaneously the social work supervisor's function is to help the social worker with any problems that may arise to interfere with her particular role in the collaborative teamwork.

The paradoxes of the resident's position are many. He has come from long years of medical training and has earned his medical degree. In many ways he is held in awe by the nonprofessional hospital employees. He may be treated by many as a prima donna. But as a resident, he is still at the bottom of the ladder in his own specialty. To his supervisors he still has much to learn. To the patient's family he is the man who will solve the problems of their sick relative. All in all, he is in a difficult position. He must work long hours, maintain his ambitions, yet withal still remain a student. He may often feel that he is overworked, outnumbered by his patients, and overwhelmed by their unending problems. Nevertheless, he has to fit in as a member of the hospital team and insure a relatively smooth-running therapeutic endeavor.

The resident has to recognize and cope with the anxieties stirred up within himself by the thoughts, feelings, and actions of his patients. At the same time, he has to learn their meaning as far as diagnosis, treatment, and general planning are concerned. He must present himself at conferences, knowing that he is subject to the critical eyes of the experienced members of the staff. He will be subject to despair when things go badly, and many times will doubt the wisdom of his work and profession.

When the psychiatric resident begins to use supervision meaningfully, however, the growth process begins. In the individual supervision hours, the resident receives understanding and support from his chief, who knows the multitude of problems and anxieties that confront him. In these hours the formal training is augmented, but even more importantly, a relationship is fostered through which the resident can air any problem and attempt to understand its dynamics. This relationship does *not* constitute a treatment situation, but one in which problems that interfere with the resident's functioning as the captain of the team are recognized, clarified, and, hopefully, resolved, each time at a more mature and professional level. Thus the resident is enabled to formulate and cope with his different roles and to achieve an acceptance of his status without needing to wage a defensive battle with his supervisor or with the social worker.

RESIDENT AND THE SOCIAL WORKER

Another area that requires clarification is the resident's relationship with the social worker. Ordinarily, the social worker is more experienced in her profession than the resident is in his. Her knowledge can be of great assistance to the resident. Yet at times the paradoxical nature of his role may cause him to compete with her and thus cripple his ability to collaborate successfully with her. Through supervision, the treatment areas which provoke this sort of reaction should be brought into the open so that the resident can accept the social worker as a valuable ally. His defensive maneuvers may vary: retreating from communication with the social worker; failing to maintain proper lines of communication so that he overburdens himself with relatives' problems that should properly be the concern of the social worker; overwhelming the social worker with problems that essentially are his; using the social worker as a substitute for his medical supervisor with whom he may be in conflict. All these areas must be clarified through his contacts with his own psychiatric supervisor. Slowly, as the resident matures in his profession, he becomes more capable of taking responsibility. His supervision takes on a different character as he develops independence. This very growth process can be the occasion of conflicts if the changing status of the resi-

dent is recognized too early or too late.

In the meantime, the social worker, with her student field-work training behind her, may find her collaboration with the resident bringing back the tumult and anxiety of her own earlier experiences that she wishes to forget. She may become deeply involved with her fellow colleague and become too zealous in helping him over the hump. She may bend over backward to communicate with him during these trying times, yet simultaneously feel that the resident is not equipped to help her with the necessary medical information about the psychological problems of the patient.

At such times the social worker's supervisor helps to develop the social worker's interest, not only in creative casework practice but in the educational process of the resident also. As a worker in a multiple discipline setting in which the medical service is primary, the social worker must be willing and able to take an integral part in this over-all educational program. The first step in this process is being able to start with the resident at the level that he can perform.

The safeguard for the patient lies in the resident's supervision. He does not have the power to make major decisions independently. Secure in this knowledge, the social worker can help him grow professionally by approaching him as a person who is learning, who is sincerely interested in giving the best possible service to his patients and their families. As she shares with him her understanding of the family's problems in relation to the patient, she not only helps him in his work with his patient but facilitates her own efforts through the resident's increasing understanding of the impact of family relationships upon the patient. Mutual respect for each other's professional contribution, in spite of the problems in learning, makes for a meaningful, trustworthy working relationship. Professional growth becomes a mutual experience.

As the resident and social worker plan together their future work with the patient and family, they find clarification of their respective roles a basis for continued professional collaboration.

THE EVALUATION CONFERENCE

These problems of collaborative growth are paramount in the evaluation conference with the family in which the resident, the social worker, and the psychiatric supervisor all participate. Here the entire process is put to test in the presence of the relatives. In this setting, the relative is the focal point of a triangle. The main line of communication is between the resident and the relative. A less stressed but direct line is between the social worker and the relative. The third direct line or channel of communication is between the resident and the social worker. The psychiatric supervisor indirectly facilitates communication between the resident and the social worker and, through these members of the team, with the relatives. The psychiatric supervisor's function is supportive, rendering assistance when needed. He directs his communications to the relative through the staff members working directly with the relative, and thereby maintains the resident as the chief focal point of the hospital team. The resident's dual role of "captain" and "trainee" is preserved, without arousing too much anxiety about his role of a captain who does not have sufficient experience to guide the process completely unaided or without too much rivalry or hostility to the psychiatric supervisor and social worker. From the point of view of the patient and relatives they are his assistants.

If the resident feels the support of the social worker and the psychiatric supervisor in his role as "captain," he learns how to conduct the evaluation interview with less and less difficulty. The psychiatric supervisor and the social worker must be ever aware of the resident's growing competence and must encourage him to

carry increasing responsibility as soon as he is ready. As time passes, the need for direct supervision decreases. Theoretically, somewhere along the line, the supervising psychiatrist should know just when the resident physician is capable of managing alone in the evaluation conference and when the support of the supervisor becomes detrimental and superfluous. At that point, the evaluation conference should be carried by the social worker and the resident. The role of the social worker changes from that of assistant in training and collaborator to the exclusive function of collaborator in therapy. As the resident gains in professional maturity, he should have only a minimum of competitive feeling toward the social worker who becomes his best ally with the relatives and, therefore, in his treatment of the patient.

As training proceeds, a growing interdependence between the psychiatric resident and the social worker develops. Each achieves greater clarity of his and the other's respective roles and competencies in their jobs and their contributions to the whole process. Increased participation evolves out of inner needs and convictions as their individual and combined performance become more professionally fruitful. Personal satisfaction is derived because the self is affirmed rather than lost in the process. The collaborative experience is always *dynamic*.

When the problems of status, rivalry, and structural hierarchy recede, collaboration offers the psychiatric resident and the social worker the best possible opportunity to do their real work in those all-too-large areas of mental illness that still remain dimly illuminated.

SCHOOL SOCIAL WORK SECTION

BY BERTRAM M. BECK

The Adolescent's Challenge to Casework

UNDERSTANDING OF ADOLESCENT needs by the caseworker demands knowledge of the psychological, biological, and social tasks to be accomplished by the adolescent,[1] the interrelationship of these tasks, and the symptomatic expressions associated with various ways and means by which the adolescent will attempt to accomplish the tasks assigned.[2] Such aspects of growth are treated in detail in the professional literature dealing with adolescence.[3] Less well described, and yet deserving of particular attention, is the impact of a changing society on the development of the adolescent. The very fact that it is a changing society makes it difficult to describe in relation to the tasks of growing up because a picture taken at one moment is not necessarily accurate sometime later.

Nevertheless, the specific problems of physical and psychological growth to which a lion's share of attention has been given in the past are subsidiary to the major task of adolescence which is that of establishing the identity of the human being in society. It is of vast importance for the continued progress of our democracy that we make it possible for young people to establish a constructive and positive identity in the world we have provided. If increasing numbers of young people can solve

BERTRAM M. BECK, M.A., *is associate executive director of the National Association of Social Workers, and formerly the director of the Special Juvenile Delinquency Project, U. S. Children's Bureau. This paper was given at a meeting sponsored by the School Social Work Section held at the National Conference on Social Welfare in Philadelphia, Pennsylvania, in May 1957.*

[1] A rather engaging article enumerating the tasks of adolescents is that of Robert J. Havighurst, "What Adolescence is Like" in the *National Parent-Teacher,* Vol. 45, No. 1, (September 1950), pp. 26–28.

[2] This is summarized (as are many other ideas for which credit is, I hope, given) from Dr. Irene M. Josselyn's very helpful pamphlet *The Adolescent and His World* (New York: Family Service Association of America, 1952).

[3] It is interesting to note that while there is seemingly endless literature on adolescence, there is little on casework treatment of the adolescent. There are, of course, a limited number of articles dealing with the casework treatment of particular adolescents; *e.g.,* Sid Hirsohn, "The Role of the Male Caseworker with the Adolescent Boy," *Social Casework,* Vol. 31, No. 1 (January 1950), pp. 23–28; Janet Matthews, "Casework Treatment of Two Motherless Adolescent Girls," *Social Casework,* Vol. 35, No. 8 (October 1954), pp. 329–337. There are, of course, a number of articles and volumes dealing with various forms of psychiatric treatment for disturbed adolescents, an article on casework with parents of adolescents in treatment (Marie L. Laufer, "Casework with Parents of Adolescents in Placement," *Jewish Social Service Quarterly,* Vol. 30, No. 2, Winter 1953, pp. 188–196), and of course, Dr. Irene M. Josselyn's pamphlet previously mentioned, which contains some excellent material on casework treatment of adolescence.

the equation between themselves and the world in which they live only by means of delinquency or neurosis or drug addiction, it spells a sorry day for the future. As agents of society, therefore, with an imperative commitment to democratic values, social workers must see the relationship between the solution of the problems of psychosexual development and the major task of adolescence—the establishment of this positive, socially constructive sense of personal identity.

The major problem of adolescence is, to my way of thinking, nowhere better stated than by Erik Erikson in his volume *Childhood and Society*.[4] Erikson points out how in adolescence all sameness and continuities relied on earlier are requestioned. He points out that young people, because they can no longer rely on the sameness and continuity of latency, are primarily concerned with what they appear to be in the eyes of others as compared to what they feel they are. This is, of course, related to the reshuffling of psychological make-up to which reference has already been made. In the course of that reshuffling the adolescent finds problems of earlier years reactivated or those that have not been solved brought to the surface once more. Thus, as Erikson points out, the adolescent forces adults to assume different roles at different times so that they can refight these earlier unresolved battles.

The successful completion of adolescence tasks is manifest in the establishment of an ego identity which is on one hand a sense of who the individual is, and on the other a sense that he is perceived the same as he thinks he is. In order to reach this point, the youngster must have a family situation in which he can establish his sexual identity without conflict, a social situation in which he can establish the necessary flexible superego, and the opportunity to develop aptitudes out of endowment. From society should come the experiences that will give him the confidence that he has an inner sameness and continuity and it is matched by the way in which he is seen through the eyes of others.

AN INCONSTANT WORLD

It is very difficult for the adolescent to find the climate in our society in which he can most easily accomplish the tasks assigned him for growth and development. In addition to the difficulty inherent in the effort of the adolescent to establish his identity in a perfect democracy where free choice is emphasized, our very imperfect democracy places unnecessary and undesirable handicaps on the growth process. There is, of course, the problem created for the adolescent by the evident discrepancy between what we practice and what we preach. It is particularly hard for the adolescent who is trying to find himself in society to accept gracefully the hypocrisy that becomes the *modus vivendi* for living in our particular world. It is hard, for example, for the adolescent to relate positively to a society that says it believes in equal opportunity for all people and then has the obvious manifestations of race discrimination that mark our world. In addition to this kind of moral and confusing double-dealing, there are major trends in population and industrial development that make the establishment of a positive and constructive ego identity more difficult.

The high mobility of American families means that few young people have the advantage today of growing up among kith and kin. A young person growing up in a relatively stable community marked by long-standing tradition has something fixed against which to judge himself. Today's youngster in a state of flux is in a world in a state of flux. This makes it hard for the young person to have the necessary mirror in which to test his self-image.

The development of means of transportation, particularly of course the automo-

[4] New York: W. W. Norton & Company, Inc., 1950, pp. 227–229.

bile, and the development of the mass media, particularly television, have meant that young people can be bombarded by multiple sensations that it is hard for them to assimilate. In a day when young people could not move around quite so much and were not subjected with such great regularity to the titillation of mass entertainment, the outer atmosphere of relative calm made it easier to deal with the internal seethings.

Meanwhile, automation and mechanization have steadily reduced occupational opportunity so that now a young person will, in most cases, either have a pretty monotonous job life to look forward to or must be a highly skilled, highly polished, supertechnician. For youngsters who fit into neither of these extremes, the task of achieving a satisfactory occupational identity is exaggerated.

This same march of the machine has reduced the capacity of small communities, of families, and of individuals to gain control of their own destiny. Of necessity the tendency has been to centralize power and decision-making far away from those affected by the decisions. This gives young people the feeling that adults upon whom they depend are actually not in command of the situation.

There is no better example of this than the impact of military service on young people today. That we have a peacetime draft is reluctantly accepted for the first time in our history, if accepted at all, by the local community and the individual family. While most people would grudgingly accept the necessity for the peacetime draft, they feel that they have not had a personal share in determining this necessity. They believe, and rightly so, that the draft was born of giant forces of power at large in the world today. Not quite accepting the draft, they tend to shove it out of the communal mind, but young people cannot shove it out of their minds. The hard fact is that every young man today must anticipate a period of service in the armed forces. In the light of our knowledge of adolescence, the problems that this induces are self-evident. There is, for example, the forcible separation from family at a time of vacillation between dependency and desire for independence. There is the threat of physical injury at a time when the threat has a particularly strong psychological significance. There is the loss of identity at a time when one is just striving to attain identity. There is for adolescent girls the problem of losing most of the boys to whom they are supposed to relate. Boys too young for induction lose the older brother figure that is helpful as a model for growth. And for young men going into service, there is a delay in receiving the rewards of conformity which results in a kind of "devil-may-care" behavior.

For many young people there are distinct assets in going into service and for all young people there can be some. We do not, however, begin to realize these assets until we begin to mobilize community recognition and support for young people who are undergoing this particular experience. We should, for example, have positive programs of preparation for induction in all of our high schools. We should have expanded services for young people who are in the armed forces and community welcome for those who return, as well as a send-off for those who leave. In other words, young people need to feel that adults are in command of a situation. They would need, for example, to feel that military service is seen by the adult world as a necessary sacrifice to protect a system of values which is treasured by the community. This is, of course, true right up and down the line. Young people need support from adults to grow and they need adults to emulate. When the adults around them seem anxious and confused and impotent in the face of vast forces of destruction at large in the world, it is no wonder that so many adolescents have trouble in establishing a positive and constructive ego identity.

WHAT THE CASEWORKER OFFERS

While social workers cannot straighten out the world merely through the practice of social work so that the adolescent has an easier time in growing up, social workers can help many individual adolescents and many groups of adolescents. We have noted, for example, the way in which the adolescent needs a fixed system of values in which to grow. Since the values of social work are predominantly the values of the Judaic-Christian tradition and the values of a democratic society, one might hope that the adolescent would receive from his caseworker a kind of steady faith in the value system that would help him—the teenager—find his own way. The caseworker, through his every act concerning the client, teaches by example—not indoctrination. Caseworkers who can offer a young person a kind of living embodiment of an acceptable view toward the world in which we live are those who have themselves found their own way, not only psychologically but philosophically, and are living by the articulated values of our society. The values such caseworkers live by are so bred in their bones that they will not even unconsciously confuse the youngster by moral double-dealing. They will be frank with the young people with whom they deal, sharing their mistrust where mistrust exists.[5] In this whole matter of values, it is important to remember that the adolescent is not by nature a radical—he is a conservative.[6] He is looking for fixed stars in a system of values by which he may guide himself and grow. It is when he fails to find them, when we as adults confuse and baffle him, that he upsets the applecart in the rebellion of delinquency. The caseworker who has perceived the value system of social work and has seen its impact on social work practice can offer the adolescent the fixed stars to guide him without forcing him on any path.

The medium through which these guidelines are provided is, of course, that of relationship. While casework treatment shares with many different forms of treatment the utilization of relationship as a primary vehicle, casework has given particular attention to the development and use of relationship as a means of treatment in and of itself. Here again we have something that is of particular value in the treatment of adolescents since if there is one single thing that is most helpful to most adolescents it is the right kind of relationship with a person of the same sex who is older than the adolescent but not related to him. Adolescents can use such a relationship to protect themselves when they are in their "antiparent" stage. They can use it to fulfill dependency needs that they cannot fulfill any other way. They can use the relationship so as to re-enact the earlier intrafamilial dramas. The ideal relationship for the adolescent will be one which allows him quite a bit of freedom, particularly for the expression of hostility. As Dr. Josselyn has pointed out, the adolescent uses hostility in the relationship in a variety of ways. Sometimes he is telling us that we are making demands upon him beyond his capacity. Sometimes he is showing us his fear of the relationship, either a fear of disappointment or a fear that we will allow him to become so de-

[5] Those who have been concerned with adolescent delinquency have made special contributions to our understanding of the moral judgments of the adolescent. Adelaide Johnson, M.D., in "A Contribution to Treatment of Superego Defect," *Social Casework*, Vol. 31, No. 4 (April 1950), pp. 135–138, and elsewhere has described how delinquency may be engendered by flaws in the parents' character structure. August Aichorn in *Wayward Youth* (New York: Meridian Books, 1953), has many references to the sensitivity of his aggressive delinquents to the moral standards of the therapist. In his work there are many examples of the testing out of the therapist and demonstration of the fact that what the therapist really believes will be judged by actions, not words.

[6] Helen Ross and Adelaide M. Johnson, M.D., "Psychiatric Interpretation of the Growth Process," *Social Casework*, Vol. 30, No. 3 (March 1949), pp. 87–92, and Vol. 30, No. 4 (April 1949), pp. 148–154.

pendent that we will never let him go and never let him achieve creative adulthood. Sometimes the adolescent wants us to make him suffer and will eroticize the punishment he provokes.[7]

This latter phenomenon is often seen where the relationship is actually a "crush" upon an adult. Dr. Josselyn has discussed the "crush" at some length and points out that adolescents develop crushes simply because their beginning sex needs get mixed up with dependency needs and they do not distinguish between the sexual and nonsexual aspects of relationship. The crush is valuable and the relationship with elements of a crush can be very helpful for the adolescent if properly used. The crush is dangerous to the adolescent only when the adult either through his own inability to accept dependence or because of his own sexual problems rejects the adolescent or, of course, if the adult uses the adolescent to fulfill his own needs. The proficient caseworker can accept the crush of the adolescent and use it to help him toward growth. Such a caseworker understands that he is to be an adult and that it is not necessary or desirable for the adult to take on the attributes of an adolescent in order to relate to an adolescent. As a matter of fact, the adolescent wants an adult who knows and can point out the answers and can set limits that will not force the teenager to accept the answers of the adults. In such a relationship the adolescent never wants complete freedom; he always wants certain minimal limits set, but again there must be lots of room for him to move around.[8]

The caseworker who has such a relationship with the adolescent uses it as a kind of educational-therapeutic experience for him. Here is where the value system of the caseworker becomes particularly important in helping the adolescent relate to the outer world. The caseworker must always be mindful that a part of the adolescent's growth process is intimately involved with the family circle. Here the caseworker's insistence upon seeing the client who is a member of a family constellation within that constellation is of particular help to the adolescent. It means that the caseworker is quick to see the need for collaborative therapy involving the parent when that is warranted. It means that the caseworker is not drawn into the adolescent's occasional outbursts against his parents. While they are acceptable to the caseworker, the caseworker does not identify with the adolescent to such an extent that he seems to be antiparent himself. When this occurs, the adolescent who usually cannot fully reject his parents is repelled by what seems to be the caseworker's rejection of the adolescent's parents. In a similar sense the caseworker's sensitivity to the impact of the peer group on the adolescent can be particularly beneficial. We do not see the adolescents who are proper subjects for casework help as individuals seeking treatment for personal pathology. Rather we can see the adolescent as in a normal stage of development which is characterized by behavior that would be thought grossly pathological if seen at other age levels. We recognize that this growth process goes on in the schoolroom, in the home, and on the street corner, as well as in the interviewing room. We are, therefore, prepared to work with the home and the school as caseworkers, and with the group either on street corner or in community center as group workers. One person will not, of course, take on all these tasks, but advantages accrue to the adolescent in need of casework help because of the caseworker's sensitivity to the impact of a variety of situations upon the client and the caseworker's access to means of affecting those situations.

A FRIEND TO THE EGO

The content of the relationship which the caseworker provides within the context of

[7] Josselyn, *op. cit.*
[8] *Ibid.*

social work's value system is largely geared to guidance, help, and support on various everyday problems of concern to the adolescent. As Dr. Josselyn has pointed out, one needs to beware of being misled by the production of rather intriguing material by adolescents that sounds like it belongs in the unconscious.[9]

This does not demonstrate insight, but rather a lack of ego defenses and is, as a matter of fact, somewhat akin to the kind of material one sometimes hears from a psychotic adult, where there is just no defense and everything bubbles up from the unconscious into verbalization. At the other extreme there is the adolescent who is completely unable to verbalize because the external world is making more demands upon him than he can possibly meet. He can hardly cope with them on a minute-to-minute basis let alone talk about them. Such an adolescent needs to have the pressure being placed upon him reduced.

The usual prescription for the casework treatment of adolescents that emphasizes the caseworker as a friend to the ego suggests an additional reason why casework is so appropriate for the adolescent. Casework achieves its greatest clarity and its most beneficial results when it is offered not as a means of partial personality reconstruction in collaboration with medicine, but as a means of helping a human being with a specific problem that can be resolved by the mustering of the creative life forces of the individual. Caseworkers are, of course, helpful in psychiatric settings and in other settings where they are trying to help individuals with character disorders to reorder their own personality, but this task which has been responsible in part at least for confusing casework with other disciplines is actually somewhat peripheral to the major function of social casework. The caseworker in the hospital, in the court, or in the social agency working with neglectful parents or with needy parents or with unmarried mothers is coming more and more to develop a concentration on the strength and potential capacity of the ego side of the personality. This relearning of how to use auspices and services to challenge the client and yet provide the relationship in which he can choose and can move stands us in very good stead in working with the adolescent. The whole problem of character synthesis which we have said is the major task of adolescence is, in the last analysis, a task for the ego and if the caseworker is working with the adolescent on that level, the youngster usually has a much better chance of successfully completing the task at hand.

Work and school offer important examples of areas in which caseworker and adolescent may move together. Achievement is what we want for our teenagers for although failure may teach something later in life, youth needs to get a sense that it is good at something, that it can achieve. This is why the development of school social work services in high schools should receive an increasingly important priority within the profession. We need to pick up on the adolescent who is failing and help him, his parents, and the school to alter his situation so that he can find success someplace within the system. We need to be firm against the increasing tendency to throw out of school youngsters who can't or won't conform or can't or won't learn. The easy idea that what is needed is a lowering of the child labor laws simply ignores the fact that the employer doesn't want the drop-out any more than the school that pushes him out. If we are to help these young people achieve a favorable conception of themselves and prevent their turning to delinquency, which is so often the path of the drop-out, then we have to see that the school experience has a place for them and prepares them either for additional education or a place in the work-a-

[9] *Ibid.*

day world. There is nothing that will convince a teenager that he is a no-good so readily as being pushed into a job market that has no place for him or being placed on a job which he cannot do. As Dale Harris has written, the work experience is something unique for the teenager—that is at least the first work experience—for here is a relationship where he either makes out or doesn't make out strictly on the basis of his own capacities.[10]

In conclusion, then, as we have examined adolescence and the problems of this particular period of development, we have seen that casework has something special to offer. We have seen that the particular strengths of casework, its particular assets are just what is needed for many adolescents who stand in need of help. We have recognized, of course, that the offering of casework service to adolescents cannot erase the difficulties in the path of growing up that are placed there because of the nature of the world in which we live. We have confidence, however, that as we help adolescents to grow and as we help them not to conform but to accept what must be accepted to live and yet keep alive the necessary flame of constructive rebellion, we are contributing to a better world for tomorrow's adolescents—the world that will be made by the youngsters we serve today.

[10] Dale B. Harris, "Psychological Aspects of the Role of Work in Adolescent Development," *The American Child*, Vol. 39, No. 2 (March 1957).

SOCIAL WORK RESEARCH SECTION

BY ROGER R. MILLER

An Experimental Study of the Observational Process in Casework

I feel . . . well, I still say, "Why in hell did it happen to have to be me?" You see? I mean, I've never been able to live another way. It's been economic.[1]

FROM A FLOW of communication such as this, the caseworker draws inferences, institutes activities, and gauges results. The verbal material is vague, loosely organized, and incomplete. The meanings of the words are modified or amplified by complex and transient behavior. As a further complication, the caseworker himself actively affects the presentation of his client. Not only are the data slippery and elusive, but the very method by which they are elicited would appear to prevent their systematic study.

We are all familiar with the complexities of interview data. Nevertheless, most of us would agree that the skilled caseworker does achieve a workable understanding of his client through the interview. The therapeutic objectives he attains are themselves a tribute to his competence in interpersonal perception. Moreover, the reliability of casework judgments has been given impressive statistical support through the development and extension of the Movement Scale.[2] But *how* does the interviewer accomplish this impressive feat? How are reliable judgments made from a communicative stream which appears to defy conventional objective scientific methodology?

There is no very satisfactory explanation at hand to account for the observational success of the interviewer. The processes which occur within the observer appear to constitute part of the "art" of our practice. Empirically developed methods have here outstripped the development of theory. Our ability to perform exceeds our ability to explain that performance.

The research to be summarized in this paper was initiated to learn something

ROGER R. MILLER, D.S.W., *is assistant professor of social work at the School of Applied Social Sciences, Western Reserve University, Cleveland, Ohio.* *This article is condensed from a doctoral dissertation submitted in 1957.*

[1] Excerpt from an interview used in the present research.

[2] J. McV. Hunt and Leonard S. Kogan, *Measuring Results in Social Casework* (New York: Family Service Association of America, 1950), pp. 10–11; and Margaret Blenkner, "Predictive Factors in the Initial Interview in Family Casework," *Social Service Review*, Vol. 28, No. 1 (March 1954), p. 68.

more about one of our most basic practice skills—our ability to understand our clients. More certain knowledge than we presently hold about our observational accomplishments should aid in the refinement of that skill. Such knowledge might also pave the way for the measurement of casework skill.

THEORETICAL FRAMEWORK

Clinical observation is a special form of a universal social process; in the course of normal living, every person makes judgments about others. As would be expected, the subject of interpersonal perception has been widely studied. Some of the characteristics of the good judge of others have been identified, and some headway has been made in distinguishing productive observational methods.[3] However, these studies clearly fail really to explain the process of observation. For an explanation, one must move beyond established knowledge into the less certain realm of theory.

In preparation for this study, a search was made for a formulation of the observational process which would be consistent with research findings and which would fit with actual experience. Of the formulations considered, one presented by Theodor Reik seemed to us most promising. In his book, *Listening with the Third Ear*,[4] Reik sets forth, implicitly, a model of the observational process. In brief, Reik suggests that perception occurs preconsciously and that only a portion of the percepts ever become conscious. The perceptions which do not attain immediate consciousness, but which are nevertheless received and noted, are believed to contribute most to psychological understanding. It is suggested that in normal interpersonal communication extensive use is made of such preconscious material. These perceptions are said to be assimilated into the unconscious ego of the observer by means of a special form of incorporation.

From a transient introjection of the impulses of the subject into the unconscious ego of the observer, an unconscious sharing of emotion is said to occur. This in turn produces changes in the observer; the assimilated emotions become, temporarily, the observer's own. As these impulses seek outlet, the observer may become consciously aware of them. Foreign emotions may then be noted and reprojected onto the subject. The inferences derived from such self-awareness, along with the data apprehended consciously, are then subjected to logical scrutiny. The resulting conscious psychological comprehension of the subject is thus the product of rational thought, selection, and logical classification.

From these assumptions, Reik derives a number of hypotheses about observational technique. It follows from his assumptions about the value of preconscious perception that the observer should not restrict himself chiefly to the sharp and accurate observation of whatever may be presented to consciousness. Instead, he must find observational methods which facilitate the purposeful utilization of data which ordinarily do not attain immediate consciousness. Reik's analysis of observational methods, appropriate for clinical purposes, is built around the concept of attention.

Reik divides the attention of the observer into an active and a passive *form*. Active, or "voluntary," attention is described as a selective, focused, and specific receptivity to interview data. Passive, or "free-floating," attention is the antithesis of the voluntary form. It is conceived as a reactive, diffuse, nonselective receptivity to obtruding content. Free-floating attention may be thought of as a general state in which everything is noted equally.

While it is believed that every observer uses both forms of attention, it is hypothesized that the trained observer comes to

---

[3] *Cf.*, Jerome S. Bruner and Renato Tagiuri, "The Perception of People," in Gardner Lindzey, ed., *Handbook of Social Psychology* (Cambridge, Mass.: Addison-Wesley Publishing Company, Inc., 1954), pp. 634–654.

[4] New York: Farrar, Straus and Cudahy, Inc., 1948.

rely too heavily on voluntary attention. Certain components of the interview are singled out for close inspection, so that other facets of the presentation may not be noted. Free-floating attention is regarded as valuable for the accumulation of potentially valuable but obscure data. It is believed that the trained observer tends to work too hard to derive meaning quickly from the client's presentation. Reik recommends an approach which only prepares for subsequent understanding. This is to prevent a "set" in the observer which may encourage a too-hurried attempt to understand content which can only be grasped by more passive, patient means.

Reik introduces a second dimension of the kind of attention used in interviewing, its *direction.* Both voluntary and free-floating attention are capable of direction to two sources of understanding. Attention may focus externally toward the communicative stream; or it may be steered internally toward the observer's own responses. Reik attaches greater importance to self-observation than to an externally directed attention. Self-observation is said to be essential for the purposeful tapping of preconscious material. The externalized "set" of the observer may encourage him to ignore or distrust his intuition or empathic understanding.

Reik's theory of clinical observation thus leads to an interesting hypothesis: *The adequacy of the observer's conscious psychological comprehension is said to be positively related to the extent to which he uses free-floating attention and the extent to which his attention is directed internally.* This central hypothesis offers a test of the predictive value of his theory.[5]

METHOD AND PROCEDURE

An experiment was designed to investigate the association between attention and understanding. In order to give all subjects similar interview content, a film[6] of an actual interview was used to provide a common "client." Since all observers were presented with an identical communicative stream, their attention and understanding could be compared.

For the investigation, the researcher hoped to influence the attention of observers in several ways; if successful, these variations in attention should affect the understanding of the observers in predictable ways. The method by which attention was to be shifted was simple. It was assumed that information about the *purpose* of the observation would influence the form and direction of the observer's attention. Accordingly, three experimental groups were set up:

1. *The Process Group* was told that a research objective was to *measure how accurately* caseworkers observed a client's presentation. They were told their responses would be collected after seeing the film and that they should be prepared to write a process record—a full, accurate step-by-step account of the material. It was expected that under these conditions the use of voluntary and external attention would be high. This is the distribution of attention which is said to contribute least to psychological comprehension.

2. *The Diagnostic Group* was told that the research was designed to *measure how well* caseworkers understand their client. They were told to be ready to write a diagnostic summary of the case material—a report organized to bring out what is really important rather than all the details. This set was expected to induce more reliance on voluntary and internal attention—a distribution which should create an intermediate level of understanding.

[5] This account represents the effort of the researcher to present Reik's ideas accurately. The theory is developed discursively, however, and is open to a range of interpretation.

[6] *The Clinical Picture of Claustrophobia,* Psychotherapeutic Interviewing Series (16 mm, black & white, sound, 30 minutes). Produced by Presentation Division, Veterans Administration, for Department of Medicine and Surgery, Veterans Administration. (VA Central Office Film Library, Washington, D. C.)

3. *The Empathic Group* was given the information that the research was not a study of individual performance and that there was no need for concern about their participation in the research. These subjects were encouraged not to expect too much of themselves but were asked instead to *respond to the client naturally* and to see what general feelings and impressions developed during the interview. These instructions were designed to enable the observer to be free to use free floating and internally directed attention. The empathic set was expected to encourage the distribution of attention said to be most conducive to psychological understanding.[7]

Subjects. The experimental subjects were drawn from the casework students at the School of Applied Social Sciences of Western Reserve University. Since both first- and second-year students were used, the experimental groups were randomly composed, after stratification according to year of training and field work grade. The research was conducted in the late spring, so that all subjects were nearing completion of either one or two years of training. The obtained sample of 54 students represents 87 percent of the potential subjects. Their division into experimental groups was judged to be sufficiently randomized to allow the comparisons needed for the research; the groups appeared reasonably well matched.

In addition to the student subjects, thirteen noncaseworkers were studied. These subjects, roughly comparable in age and level of education to the casework students, represented a variety of professional backgrounds which did not include training in interviewing. This group was given instructions almost identical to those for the Empathic Group.

Each of the experimental groups was divided into two sections which were scheduled separately for the experiment. By these means, it was hoped that the possible effects of unexpected conditions or the order of participation would be balanced. Prior to viewing the movie, all subjects were given identical orientation to the research. Without interruption, each group was given one of the special instructional sets, designed to influence their attention. Immediately after this, the participants were shown the thirty-minute movie. Finally, the responses of each subject were collected. Except for the variation in instruction, the conditions for each experimental group seemed identical.

MEASUREMENT OPERATIONS

1. *The psychological understanding* of the subjects was investigated by Q-Technique. Thus, after observing the movie, each subject was given a set of eighty statements about the client, printed separately on small cards. The instructions were:

> Your task is to divide the cards so as to give your diagnostic understanding of the client. The statements on these cards all refer to the client in the movie. From among all of them pick out the two statements you want to stress most. Put these two on the far left. Then build up the second column by selecting the four statements you want to stress next to give your understanding of the client. On the far right, put the two statements you want to stress least in creating your picture of the client.

It was necessary for the subject to distribute the statements among eleven columns. This meant that a number of fine discriminations were required.

The statements themselves were brief phrases such as "has had bad luck," "worries constantly about his health," and "feels dissatisfied with himself." In choosing the statements, attention was given to the kind of observation the subjects were likely to consider. The eighty items were

[7] Not all possible combinations of form and direction were attempted. These three were selected in part to fit sets which people may actually experience in the practice of social work.

independently judged to reflect some features of the interview content. In operation, it was found that observers could rank the items in a meaningful way and could describe their impression of the client without a noticeable sense of distortion.

The criterion variable for measuring the understanding of each subject was provided by a panel of five caseworkers with a reputation for expertness. These practitioners (from the Cleveland area) observed the interview and were then asked to describe their diagnostic understanding of the client by arranging the eighty statements about the client [8] on the same scale used by the student-subjects. The individual scores for each statement were averaged, and the resulting set of means was taken as the criterion of "understanding." Each subject's array of statements was then compared with the pooled scores of the panel. The difference between a subject and the panel was used as a measure of the discrepancy of his understanding of the client from the criterion.

2. *The measure of emphasis of attention* was derived from the same operation which yielded the score for understanding.[9] The 80 statements were of four different types, preselected on the basis of their logical a priori connection with the conceptual dimensions of attention. Thus consciously intended objective communications, such as "is uncritical of others," were expected to be emphasized by subjects who depended more on voluntary and external attention. Conversely, content not consciously communicated relating to affective states of the client, such as "feels he has injured himself," were expected to provide an index of free-floating and internal attention. In describing the client, each subject gave greater or lesser weight to the four subgroups of statements. By looking at the average score assigned such a block of statements, comparisons were made about the importance attached to categories of data—the operationalized components of attention.[10]

RESULTS

A. Adequacy of Understanding

1. *The effects of different experimental conditions.* The criterion of understanding was provided by the combined judgment of a panel of five caseworkers generally accepted to be expert. For the research subject, adequacy of understanding was judged by how closely his distribution of statements approached that of the experts. A discrepancy score was derived for each subject, showing the size of his departure from the panel. These discrepancy scores, summarized in Table 1, are thus a negative measure of understanding; the higher the score, the less adequate the understanding.

The over-all difference in the measure of understanding was first investigated by analysis of variance. It was found that the scores of the experimental groups differed significantly ($F = 3.70$; Pr. $< .05$). From inspection, it was evident that most of the difference was contributed by the relatively poor showing of the subjects in the Process Group. When the groups were compared by t-test, it was found that the Process Group differed strongly from each of the other two (Pr. $< .01$). It will be recalled that the Process Group had been expected to show the least adequate understanding of the client.

While the performance of the Process

[8] The reliability of this instrument was evaluated by a study of the intercorrelations of the five panel members. In view of the fine discriminations involved, the correlations (.50 to .68) were regarded as impressive.

[9] Other instruments were used in the research. Since these were ancillary to the major research question, their description and the data obtained by their use are not reported here.

[10] The validity of the measure of emphasis of attention was judged by the capacity of the instrument to distinguish among populations which were believed to differ in patterns of attention. It was found that the measured emphasis of attention of noncaseworkers, students, and experts differed significantly in expected directions.

TABLE 1. THE UNDERSTANDING OF THE EXPERIMENTAL SUBJECTS, EXPRESSED AS THE MEANS OF THEIR ABSOLUTE DIFFERENCES FROM THE PANEL ON CARD TEST

Level of Training	Experimental Groups			Total
	Process	Diagnostic	Empathic	
First Year	M=142.73 N=9	M=127.53 N=11	M=129.47 N=9	M=132.85 N=29
Second Year	M=133.32 N=8	M=119.17 N=7	M=121.12 N=10	M=124.48 N=25
Total	M=138.30 N=17	M=124.28 N=18	M=125.07 N=19	M=128.97 N=54

Group conformed to the theoretical expectations, the Diagnostic Group did not. The test failed to reveal any meaningful difference between the Diagnostic and Empathic Groups. In fact, it was discovered that such slight variations as these were highly likely to occur in random samples drawn from a common population. The ambiguity of this finding led to certain further analysis to be reported below.

2. *The effects of level of training.* The reader will note from Table 1 that in each experimental group the second-year students showed less discrepancy from the panel than did the first-year subjects. This difference approached significance by analysis of variance: ($F = 3.21$; Pr. $= .08$). This result seems to indicate at the very least that greater training leads to a kind of understanding which is more similar to that of experts. The connection between level of training and quality of understanding was further tested by comparison of the students with the group of untrained subjects. It was found that the first-year students achieved a significantly more adequate understanding of the client than did the untrained observers (Pr. $< .05$ by t-test).[11]

B. Kinds of Attention Used by the Experimental Subjects

In terms of Reik's theory, the Diagnostic subjects showed an unexpectedly good understanding of the client. In the hope of learning why these observers did so well, a check was made on the distribution of attention. It was important to learn how the instructions had influenced the form and direction of the attention of the experimental subjects. Here use was made of the structure of the card test which had been designed to get at the pattern of attention.

When the mean scores for categories of data were compared by experimental group, it was found that the Process Group gave evidence of using more voluntary and external attention than did the other groups (Pr. $= .10$ and $.12$ by T test). The experimental instructions seemed to have affected these subjects in precisely the manner which had been hoped. On the other hand, the patterns of attention of the Diagnostic and Empathic Groups were almost identical. In fact, there was no evidence that the Diagnostic and Empathic Groups had differed from each other in the kind of attention used. One or both of the experimental sets given these subjects was apparently ineffective.

The investigation of kinds of attention suggests that the instructions tended to divide the subjects into only two groups: the Process Group was influenced to use relatively more voluntary and external attention and the remaining subjects tended to use relatively more free-floating and internal attention. The difference in levels of understanding followed the same line of division; the Process Group did conspicuously poorly and the remaining subjects did comparatively well. The measurement of attention and understanding

[11] These findings are reminiscent of those reported by Hunt and Kogan, *op. cit.*, pp. 10–11.

yielded associations which were entirely consistent with the theoretical predictions.[12]

DISCUSSION

This experiment indicates that the model proposed by Reik may continue to be entertained as a fruitful explanation for the process of observation in casework interviewing. The research supports the use of some concepts of clinical attention. At the most practical level, the variables of attention seem to provide a new and productive way of looking at a number of things about our work. In actual practice, is the attention of the caseworker influenced by such things as recording requirements? Does the time-limited diagnostic study or the administrative separation of study and treatment tend to induce a "set" which interferes with understanding, such as occurred with the Process Group? Should further study bear out the connections seen here between attention and understanding, any of our practice procedures could be reexamined for their influence upon casework observation.

The concepts of attention also appear to offer a toehold to the task of learning more about our chief professional resource—the caseworker himself. Knowledge about the stability or flexibility of his attention patterns and of the things which really affect these would be particularly useful. Additional insight into the processes which underlie observational skill could yield such practical rewards as the refinement of our ongoing educational efforts. The experience accumulated during this research encourages the belief that further investigations of these areas are well within the limits of current methodology.

[12] This impression was reinforced when the attention patterns of all 54 student subjects were examined together. It was found that the students who used more than average free floating attention also gave evidence of a superior grasp of the client ($r_t = .72$; Pr. $< .01$). Similarly, the observers who directed more than an average amount of their attention internally demonstrated superior psychological comprehension ($r_t = .40$; Pr. $< .01$).

POINTS AND VIEWPOINTS

Refugees from Hungary: An Appeal for Leadership

IT IS NOT customary to build a highway without consulting engineers, or to engage in war without the expert advice of officers. Yet even social workers themselves do not think it odd that a large-scale welfare effort was undertaken on behalf of the Hungarian refugees without their profession in a responsible role. Applicants for admission to the United States were screened by the consular arm of the government, transported by the air force, kept in a camp by the army—but where were the welfare agencies of the government or the social work profession during the aftermath of the October–November 1956 revolution?

During the months that followed, 175,000 men, women, and children fled into Austria, a country of 7,000,000 people whose relatively marginal economy could absorb but few, and where few wanted to settle. It is a measure of the gratifying esteem in which we are held that for many of the refugees the United States ranked first among the countries they wanted to reach, and for quite a few it was the only country they would consider.

While the earlier and much more massive waves of immigation to this country were for almost a century largely individual and economic in nature, social work played little part in them. But in more recent times, there have been three waves of different character: first, the refugees from Nazism before World War II, then the wave of Displaced Persons after the war, and last year the Hungarian refugees. Each wave has involved more vital interests of the nation and made greater calls on social work; now after this most recent experience, it is time for the profession to come to grips with this important social problem.

The impressions and conclusions described below are based on the experience of one city, Cleveland, which has been honored in receiving about 12 percent of the Hungarians admitted to the U. S., even though the population of Greater Cleveland is just 1 percent of the total population of the country.

The absorption of the Hungarians repeated earlier experiences with the DP's.[1] As they came in, there was some grumbling: the Hungarians take jobs away from Americans; they sharpen the housing shortage; they deflect interest from our native welfare problems; they don't want to work; they undersell labor; they work so hard and live so frugally that they soon become self-supporting, so why spend money on them? Some even said they should have stayed in Hungary and fought on—proof of the old adage that the kibitzer never thinks the stakes are too high!

The agencies dealing directly with refugees considered the situation well enough in hand, but this feeling was not shared by everybody. A problem in community organization seemed to have arisen; a mayor's committee was formed to handle it. It didn't do much, because it didn't need to. As a few months passed the new-

[1] Helen L. Glassman, *Adjustment in Freedom* (Cleveland: United HIAS Service and JFSA, 1956).

comers were absorbed—ten to twelve times in number compared to the national average, but still a trickle compared to the population of the metropolitan area—and everything became quiet once again.[2]

There is little doubt that if social work principles had been applied in planning the operation of the refugee program, a number of policies would have been developed differently. Methods of transportation and the delegation of authority to private agencies are two examples of this.

In contrast to the steady flow of a well-planned welfare operation, moving the refugees to this country often followed the traditional jerky pattern of "hurry and wait." Some Hungarians sat in Austrian camps for months; others arrived at Camp Kilmer less than 48 hours after crossing the Hungarian border, with a few children still groggy from the soporifics their parents had given them to keep from alerting the border guards. Both extremes are undesirable, slowness quite obviously so, but excessive speed as well since it increases the bewilderment of the immigrant, hampers screening, and fails to allow sufficient time for orientation. No doubt, some inconveniences are unavoidable in a crash program, but one wonders whether some could have been avoided if the program had been set up according to welfare principles, without any desire to impress the world with our technical prowess.

Since only a fraction of the applications for American visas were granted, the question of selection became all-important to the refugees. This responsibility, as well as the later steps (the care of the individual once he was processed overseas and at the reception camp in this country), was to a large extent placed in the hands of private agencies. These were almost exclusively sectarian.

It is this policy that has received the heaviest criticism. Such different authors as Hersey[3] and Michener[4] agree on the point, as do reports about the attitude of the refugees themselves. A United Nations consultant told us that "there was extreme hostility" among the Hungarians against this feature of the program.[5] The way it was set up to work was this: refugees who wanted to come here and those Americans who wanted to bring refugees over were supposed to apply to the agency of their religion and no other. Only those Hungarians would be granted visas who were sponsored in this way or directly by collective assurances of the agencies.

This has spelled considerable difficulty for those individuals who have no religious affiliation, for families in which individuals belong to different religions, and for those who for one reason or another did not get along with the one agency to which they could apply. It is hard to see how this policy can be reconciled with the principle of the constitution which prohibits established religion (though granted it does not perhaps contradict the letter of the constitution) or with the fundamental social work principle of respecting the client's choice.

Nevertheless, the other side of the picture must not be overlooked either, and again the Cleveland experiences are revealing. The devotion of the sectarian agencies in doing their job has been as admirable as it has been successful. Forced to improvise, to work with inadequate resources, they still managed to take care of substantial numbers of refugees and to help them quite quickly find their own way and become independent. This could only be achieved with the help of volunteers who responded to calls readily and made real

[2] Since under the prevailing seniority system it is "last hired, first fired," it remains to be seen how the integration will hold up under the present recession.

[3] John Hersey, "Journey Toward a Sense of Being Treated Well," *The New Yorker*, March 2, 1957.

[4] James A. Michener, *The Bridge at Andau* (New York: Random House, 1957).

[5] Ernest C. Grigg, "Services Required by People Moving Internationally," paper presented at the 84th National Conference on Social Welfare, May 21, 1957.

sacrifices. As a rule, only the religious feeling of solidarity seems a strong enough motive to make this work, yet it is possible that other groups just did not get their chance. In Cleveland particularly, where one of the largest Hungarian colonies exists, nationality groups gave unstinting cooperation, but were aroused by what they considered their exclusion in favor of sectarian groups—until this conflict also died down when it became clear that the Hungarians were being integrated regardless of who helped them first!

About 40,000 Hungarian refugees were left in Austria in April 1957. The trend has been downward (though very, very slowly downward) since then, but this is not our doing. For the present, pressures are off, dangers past, opportunities missed —whichever way one puts it. The future is uncertain, but history may repeat the challenge or come up with a new one. We shall hardly be able to say we were not forewarned.

Why were we not more bold? After the Hungarian rebellion, the Russians could no longer endear themselves to their subject peoples, but they could still try to convince them that the West was letting them down. There was the chance, then, to show that up for what it was: by simply allowing the refugees in—no more than that—we could have shown that we did not let them down, and in the process could have further disorganized Russian rule over the satellite countries. What would have happened if we had done this? If we had acted as the world expected us to act? Of if we should do so now to the extent that there is still time for it?

It would be idle to blame the Administration—it is well known that they stretched the law rather close to its limits. That the law itself is not adequate is a fairly common feeling, and social workers know it. The National Board of Directors of NASW passed a resolution to that effect as early as December 1956. That Congress has not changed the law can be understood from the absence of a popular upsurge demanding it.

Social workers have a gigantic job of education cut out for them. They might do it more effectively if the people outside our profession did not sense that we, too, may be a bit tainted by the same fault we cannot help seeing in the larger actions of our nation—a certain hesitation when it comes to assuming aggressively the responsibility of leadership.

ROBERT PLANK

Committee on International Social Welfare
Cleveland Area Chapter, NASW

Organizing the Community Here And Abroad

EVEN THOUGH THE ultimate aims of "community development" overseas and "community organization" in the United States bear a strong resemblance to one another, in actual practice there are many differences that bear on the work of professionals who are sent overseas to help those countries whose resources, both human and material, are extremely limited. It may be simply that two different approaches are required. It may be that we begin not so much at different levels of development, as at levels that have developed differently. Whatever it is, analysis of the differences and similarities produces some interesting insights for those who are interested in furthering the known knowledge and skill in community organization.

The United Nations has made a distinction between community development and community organization which is becoming popularly accepted, *i.e.*, that the former takes place in the underdeveloped country with emphasis on rural development; the latter in more developed urban areas where there are already long-established and well-developed health and welfare

agencies. Regardless of where or under what label, however, meaningful, conscious organization of the community is a process, *not* just a program. Whether the process is used in a neighborhood to combat a wave of delinquency, or in a region which has as its aim economic development, it is a movement which identifies a problem, and then by utilizing recognized methods, attempts to solve it. The task of the community organizer in this process is to help initiate, nourish, and develop the community's capacity to recognize its real problems, and to plan and act on its own behalf in their solution.

Beyond this the resemblance appears to fade. Let me enumerate some of the differences as I see them.

Differences. The highly skilled professionals who teach and practice community organization in the United States are concerned with community planning in industrialized metropolitan areas where there is a wealth of agencies and organizations interested in community betterment. The most glaring needs of the community have long since been met; now it is a case of "involving citizens." Community planning has been limited pretty much (or so it seems from the literature) to health, welfare, and recreation, with housing a more recent development.

In this country community organization also seems to receive its impetus from the trained social worker or welfare agency which "sells" its program to the community. The professional is the prime mover —not only does he plan but he also executes, then sells his product to the community. He is with the community leaders right out front—but is he as often at the people's level, "dirting his hands," so to speak?

While it is often *said* that the need for community planning stems from the wants and desires of all the people, it still appears to be true that the professional worker and agency continue to carry the responsibility for this planning. Maybe this top-down planning is indicative of a certain lack of faith in the people, even though we keep talking of the responsibility "we" have for "creating a better society" (the "we" always seems to be the professional worker or agency). After so many years of such a possessive attitude, the social work profession may find it difficult to relinquish its protective role, and encourage citizen participation. It may seek and welcome this dependence and would unconsciously resent a coming-of-age of the community. The community, on the other hand, may like its dependent role, and may find it difficult to grow up and assume responsibility.

But in the underdeveloped country, one must begin at the source—with the people who must be drawn into active participation at the planning stage. Because the need is almost intuitively sensed by the people, even though they cannot always articulate it, it does not call for the selling job that appears needed in the U. S. Instead of "involving citizens," people must be helped to discover and articulate their own felt needs. Their glaring needs are still unmet—here wants are so basic that they have become accepted parts of daily living. Unlike the United States, work with the community takes in *all* aspects of life: the economy of the area, its communications, education, and so on, in addition to health, housing, and welfare.

The "democratic process" cannot be taken for granted in countries just emerging from colonialism or from highly centralized, paternalistic forms of government. It is hard for the people to accept "responsibilities" when they still have few if any "rights," and still fewer privileges. Take, for example, our assumption that many citizens, if not most of them, have a well-developed civic conscience. This is not true of these other areas of the world. In Peru, part of community planning is educating the people to accept responsibility that heretofore others accepted for them. This means that in community development one of the basic ingredients isn't

even present, has gradually had to be built up along with the other components in this process. The social or economic level does not seem to contribute to a sense of responsibility if it is left out of the basic upbringing and training, and if it is not part of the cultural pattern. Therefore, one does not appeal to civic conscience and sense of responsibility to get a reaction. The appeal is to wants more fundamental, closer to the individual and his family—and the response is an answer to felt need.

The professional person should not occupy a high place in the local hierarchy in such a country as Peru. These privileged places belong to the local leaders who must receive a great deal of support and prestige. In the underdeveloped areas, competence on the part of the local inhabitants is not as much of the essence as willingness, interest, and ability to co-operate. Few people in these areas have much competence to begin with, or to compete against. Given time and help in learning to collaborate, competence will develop. But it takes a long time and a lot of patience.

Resistance to change. But of all the differences, the one involving attitudes toward change seems most significant. The idea that fear accompanies change is accepted by all of us. However, in America the idea of change is taken for granted. We are an experimenting people. We are always establishing new rhythms in everything, including community planning. We are always changing our pace, perpetually manipulating the pattern. We have little patience with tradition if it stands in the way of progress. In the underdeveloped community, one must however learn to accept the slower rhythm, the leisurely pace, the reverence for tradition, the fear of change. If we do not accept this, the race is lost before it begins.

Among the underprivileged of the world, this fear is based on the experience of years, if not centuries, that change brings worsened conditions. In too many places, change has come about by revolution instead of evolution, with suffering and dislocation in its wake. This resistance was strikingly illustrated four years ago in the port city of Callao, Peru, when the first housing development was completed. When all other forms of persuasion had failed, the social workers, as a last resort, had to turn to the police to move families out of hovels, unfit for human habitation, into the modern, attractive new development. In Peru, a third or more of the population is still Indian, and even though times have changed, their racial memories are long—and they trust their memories more than the realities of present life.

How different it is in America! What happens with community planning in our country is that it becomes a reorganization or rearrangement of resources—real or potential. In the underdeveloped country, whose resources are more potential than actual, community planning becomes not a reshuffling of resources, but an *alteration* in fundamental patterns of living. This cannot be accomplished by committee resolution or by the kind of educational devices so casually accepted by us.

The Cornell-Peruvian Project in Culture and Applied Science at Hacienda Vicos, attacking this from the anthropological point of view, has been trying for five years to effect changes which will make possible an integration of the Indian into the national life of the country. Movies were used experimentally along with other visual aids to attempt to bring about change in an almost illiterate community and to test the people's reactions to such an approach.

The Indians were completely baffled by the movie, by the change in sequence from one scene to another. How did the same man get from one place to another so rapidly, from his field to his house in a flash? Sometimes they were so confused by the rapidity of sequence that they did not even recognize that it was the same man. And why was he hopping about so fast from one activity to another? This did not make sense. People just don't do things

like that. They work at the same things all day, all their lives.

Potatoes from improved seeds were shown to them. The native Peruvian potato is small. They found these big potatoes, still more enlarged on the screen, to be ugly. A film on hygiene flashed on the screen the picture of a louse, greatly enlarged. The Indians said they did not have lice that large, so it was useless to discuss the subject any further. If this was change, they wanted no part of it. It was not natural to their way of thinking and doing.

Need for guidelines. Programs as such will not help us. But if it is good program, one that has helped the community identify and feel its problem and then act co-operatively on it, a process has been developed, consciously or not—one that can be studied, analyzed, and reproduced elsewhere. But unless we recognize and identify the process, we may try to reproduce program only, having failed to recognize the underlying principles on which the process is based.

The policy, official or otherwise, which implements the process by imposed projects —such as developed by the expert or the team—is coming more and more into question. Too often it leaves behind only the project, which remains leaderless once the team or expert is withdrawn. There is no autoperpetuation, no growth in self-confidence; no growth in collaboration among the peoples of a community.

Social work standards in the U. S. in casework and group work have become models for much of the world. In community work, however, the U. S. seems to be circumscribed by the circle within which it has confined itself during the last few years. It offers few if any guidelines for work with the community not based on highly evolved and involved intergroup relationships and activities. The social worker or other technician in the underdeveloped area concerned with community development is usually better served by studying techniques, experiences, and literature developed by colleagues other than those in the U. S.

This is regrettable, first because of the increasing awareness by the inhabitants of the world's underdeveloped countries that life can be better—and we must remember that these areas hold the bulk of the world's population today.

The second cause for regret is that few countries will safeguard the rights and dignity of the individual wherever he lives better than the United States. Such ideals and principles are passed on to the social worker who receives his training in the U. S. The direction of the social development in these underdeveloped countries will be determined in large measure by the recognition of and respect for basic values such as these.

EMILIE B. PUTNAM

International Cooperation Administration
Lima, Peru

BOOK REVIEWS

The Selected Papers from National Conference

CASEWORK PAPERS 1957. New York: Family Service Association of America, 1957. 158 pp. $2.50.

GROUP WORK PAPERS 1957. New York: National Association of Social Workers, 1958. 82 pp. $1.75.

PLANNING SOCIAL SERVICES FOR URBAN NEEDS. New York: Columbia University Press, 1957. 122 pp. $2.50.

Publication of selected papers from the annual forum of the National Conference on Social Welfare is always an occasion for mingled rejoicing and some regret. A conference member often leaves the annual forum feeling it has become too big and sprawling. There are either too many unrelated yet interesting sessions competing for time; or too many sessions fail to live up to the promise of their titles; or there are not enough sessions bearing on specific subjects to satisfy the specialist. Whatever the criticism, these publications do, however, provide an opportunity to check impressions against the printed record, and they constitute a major addition to the body of professional literature. In these publications we can see if the conference has so reported our practice that we can move ahead more surely in the coming year; or if it has only re-stated our confidence in past practices.

At first glance the articles look like the potpourri the conference is. Closer reading is more rewarding for we see how well they mirror what social welfare is with all its variety and unevenness. The conference emerges as something more than we remembered, and something less than we hoped for. If it does not satisfy our highest goals of professional achievement and coherence, it nonetheless provides nearly everyone with useful material to consider and work over for himself. This, on the other hand, suggests one of the sources of conference weakness—that each member or reader must harvest for himself whatever is useful from the rich and exciting daily practice in casework, group work, and community organization. The conference is not yet a scientific forum in which experiences are accumulated planfully so that they add up to a richer totality than any single experience viewed by itself. Unfortunately, there is lacking any binding framework sufficiently clear to help us to synthesize our individual experiences, so that we may take the next steps ahead on the basis of evaluated experience accumulated methodically and used according to clear goals. These difficulties reflect the state of the profession and the field and can hardly be attributed to the conference itself!

The editors have done a fine job of selection from the hundreds of papers submitted last year. Each pamphlet follows a similar pattern: a general article or two; several new reports on familiar problems; and reports on new frontiers of practice. Many of the major social problems of our times are dealt with: urban renewal, the pressures of suburbia, juvenile delinquency, mental health, the imposition of conformity upon the professional worker, and international and interracial relations. Papers by Seeman, Stumpf, Markey, Robbins,

Graham, Ginsberg and Miller discuss various ways in which social workers or social agencies responded last year to the needs of their society.

The general articles reflect this impact of social forces. *Family Diagnosis* by Friend, *Social Values and Social Group Work* by Phillips, and *The Tasks of the Community Organization Worker* by Sieder each attempts to project a bridge between social responsibility and technical preoccupations—a view of the individual as a dynamic and interacting part of his environment in which each shapes the other for health or disease. It is interesting to see, in this connection, how the newer areas—work in the fields of corrections and mental deficiency—display a more sure footing for the social worker functioning at the nexus of the individual and his society.

Close reading will stimulate the imagination in many ways, even about those articles that appear, at first glance, to report only very specialized experience. Consider the two articles on American adoption of Japanese and Korean children. Each describes a narrow and familiar problem—adoption success with agency controls in one instance and without agency intervention in the other. The results reported in each paper are not too different and a good proportion of successful cases were found in each study. After all the scientific qualifications are made about these data, the articles, taken together, impel us to review some clearly held convictions about intercultural and interracial relations and the importance of certain professional controls. Since the reports cannot be taken as definitive, they do offer a springboard for planful analysis of the issues raised, if only we can find some way of remembering these articles, and ones like them, in the future.

After all has been said, the conference remains the major representation of social work in the United States as it is practiced. We may want it to be more than we are—more clearly directed, more precise, more inspiring, more coherent, more scientific, and more technical than social work has yet become. If it is to be any of these, then all of us—conference members and readers of papers alike—will have to make our daily work more nearly conform to these goals. As social work practice moves ahead, the conference may be able to improve its initial selection mechanism for papers so that future editors will have more provocative materials to draw upon. Perhaps we can look forward to a time when papers will be presented within a more clearly defined framework, so that each adds something fresh to all that has gone before; so that each contributes more directly to evaluation and synthesis of the past in order to move into the future; so that the mosaic of individual experiences can be fused into a brighter mirror of what social work is and is becoming. R. M.

NEW UNDERSTANDINGS OF LEADERSHIP. A Survey and Application of Research. By Murray G. Ross and Charles E. Hendry. New York: Association Press, 1957. 158 pp. $3.50.

This is a useful book, based on an extremely valuable idea. The authors have sought to provide "a relatively simple summary of recent thinking and research on the nature and meaning of leadership." To this end they have reviewed a large number of studies bearing on leadership, and have sought to summarize them in a way that will be helpful to practitioners and others who carry responsibilities for leadership training and development.

The book is divided into three parts. The first deals with leadership theory. The second presents research findings under the general headings of what the leader must be, what the leader must do, and group factors affecting leadership. Part III, "implications," discusses variables in the leader's role (the president, the professional leader, the executive) and presents a tentative leadership development program.

The authors are well-known to social workers and both have made valuable contributions to social work literature. Murray G. Ross is vice-president of the University of Toronto, and Charles E. Hendry is dean of the School of Social Work. Some social workers will remember Dr. Hendry's scholarly paper on "The Dynamics of Leadership," at the National Conference of 1946—a paper which is a kind of preview of the method and approach of the present volume. The authors' style is clear and direct, but much of the material is, of course, quoted or paraphrased from various studies, and many of these bristle with such formidable terms as polarization, surgency, syntality, viscidity, and hedonic tone.

Many social workers will find that the last two chapters are "worth the price of admission"; yet these chapters are significant largely because of what has gone before. The case materials in the discussion of executive roles are likely to appeal to social work practitioners as more practical and usable than many of the tentative and inconclusive results of the research studies.

The last chapter presents the most creative material in the book—the authors' thoughtful proposals for a leadership development program. These suggestions should be of substantial value to many social workers concerned with group work, community organization, and administration.

The value of the seven pages of bibliography would probably have been doubled if the authors had annotated it. The book also lacks an index.

One of the major values of this book is its illustration of a type of volume which analyzes, summarizes, and digests technical research studies on a particular subject, and presents the results in a form usable by social workers and other practitioners. One may hope that this idea and method may be increasingly applied to a variety of subjects in social welfare and related fields.

ARTHUR DUNHAM

School of Social Work
University of Michigan
Ann Arbor

BRIEFLY . . .

SOME CASEWORK CONCEPTS FOR THE PUBLIC WELFARE WORKER. By Alan Keith-Lucas. Chapel Hill: University of North Carolina Press, 1957. 58 pp. $1.00.

Derived from a twelve-week course for practicing public welfare workers, most of whom had no graduate professional social work education, this booklet holds some interest for teachers of casework for its description of the structure of the course and the teaching methods used. Otherwise, the presentation adds nothing to previous published efforts, successful and unsuccessful, to bring casework concepts to the harassed public welfare worker, and, to this reader, was often confusing in its oversimplification and absence of logical sequence.

VIRGINIA HYDE

CLOSED RANKS—AN EXPERIMENT IN MENTAL HEALTH EDUCATION. By Elaine Cumming and John Cumming. Cambridge, Mass.: Published for The Commonwealth Fund by Harvard University Press, 1957. 192 pp. $3.50.

This book is a "case history of an attempt to change a community's attitude towards mental illness." It provides an analysis of reasons why the experiment appeared to fail, together with elaboration of the implementation of the findings in the understanding of mental illness and the treatment of the mentally ill. It is a report of one of the few carefully controlled field experiments in this phase of mental health education. The authors, a sociologist and a psychiatrist, were "the principal investigators" in the project, which was supported by the Commonwealth Fund, and gave direction to all phases of the study. Clarity and economy of details mark their descriptions of the initial assessment of attitudes in the study and the nearby control community, the efforts and changing attitudes through educational techniques, and the re-survey of attitudes. Efforts at changing attitudes could not be called successful. By the time of the end of the study, there were evidences of marked resistance and hostility. The community, in effect, closed ranks in response to the attempt to narrow the distance between the well and the mentally ill.

The book is divided into three parts. In Part One the content of the educational effort, the community, the basic assumptions of the study, and the community's reaction to the study are described in general terms. Part Two covers the empirical analysis, gives a carefully documented description of the methodology of the survey together with the major statistical findings. This is amplified by the interview outlined and measurement scales in the appendix. Part Three, the theoretical analysis, speculates on the ingredients of the study. A useful bibliography is included in the appendix.

There were many problems in this experiment. The community had not asked for a mental health education program. The investigators were not a part of a clinical service or other community agency, and had no convenient organizational basis for community activity. The relative newness of any effort to evaluate mental health education at the time that they did the study left them with a mostly uncharted area. By the end of the study, they were ready to question some of the basic assumptions upon which they had designed the experiment. The inherent difficulties in any study when the persons responsible for the program aspects attempt to evaluate its effectiveness are borne out by these investigations.

The reader will find in this book thought-provoking ideas about the implications of the social distance between the mentally sick and the rest of society, and what this may mean for maintaining the health of the community and for rehabilitating the sick. Another significant feature of the book is that it gives evidence of the increased understanding that is possible, even though the experiment itself did not achieve its original goal. It also points out some of the issues that should be considered in the planning and evaluation of another effort at mental health education. This is by no means, however, a "how to do it" book in the latter area.

The book will be of special interest to social workers who are now working with mentally ill patients and their families as well as those who are planning the development of community services and programs. It also warrants study by social workers who are concerned with the direction or assessment of action research.

RUTH I. KNEE
National Institute of Mental Health
Bethesda, Maryland

Have you moved? Have you changed your address? Be sure to notify the national office.

CHRONIC ILLNESS IN A LARGE CITY: CHRONIC ILLNESS IN THE UNITED STATES—VOLUME IV. By the Commission on Chronic Illness. Cambridge, Mass.: Published for The Commonwealth Fund by Harvard University Press, 1957. 620 pp. $8.00.

This volume is the fourth report of the Commission on Chronic Illness and is a supplement to Volume III, *Chronic Illness in a Rural Area.* Its purpose was to review and assess the problems arising from chronic disease in all age groups and to suggest methods of study which might be useful in other areas. For this study, "chronic" was interpreted as meaning "of long duration" as contrasted with "acute"; thus, the study included not only disabling conditions resulting from disease processes but also disability resulting from other causes such as trauma or congenital malformations.

A representative sample of an entire noninstitutional urban population group in Baltimore was studied to determine what chronic diseases and disabilities resulted from chronic conditions; to see what variations there might be by age, sex, color, economic level or other social and economic factors; to discover what the needs were for care by the chronically ill including the potentials for rehabilitation; and to determine methods of studying the chronic disease problem. Household interviews, clinical evaluation of diagnoses, and administration of multiple screening tests were methods used in the study. Attitudes toward health conditions were not specifically studied but were reported in the other data. Attitudes toward health, disease, and medical care were found to be major obstacles to seeking and carrying out medical care.

The book contains an excellent presentation of the need for studies on chronic illness and the research already carried out. It discusses the clinical findings in the sample of cases studies and the prevalence of chronic disease and disability in the population. The major disease entities,

as well as the prevalence of dental conditions, are statistically analyzed. Of special interest to social workers will be the section on care and rehabilitation including the chapter on "Social and Economic Implications." In this chapter are discussed the implications for financial independence, the implications for social adjustment, attempted solutions to these problems, and the implications for society of the present extent of chronic disease and disability. The special sample studied for an analysis of the social problems showed generally that the problems were too severe or complicated for solution by the patient and his family when unassisted and sometimes even when assisted by the organizations in the community. All the patients in this group needed "well-rounded" counseling and advice in order to know what to do and where to turn. The analysts felt that a central service for the chronically ill would be useful. The problems well known to social workers were exhibited: the necessity to help the individual to recognize his need, to do something about it, and the frequent inadequacy of social resources.

Throughout the book the reader is impressed with the relation of low socioeconomic conditions to the many problems of chronic disease. Social workers will wish that the book had included more of the patients' and families' reactions to chronic illness and disability including anxieties, resistances, and feelings of responsibility. However, the book provides sound basic data essential to any further consideration of the impact of chronic disease on people. The data are carefully collected and analyzed. They cover a large enough sample to be significant. The appendix describes the methodology used in the various procedures and is, itself, a valuable contribution to the literature. This is not a book to read from cover to cover but an excellent document for reference, for checking one's basic knowledge about chronic disease, and for statistical evaluation of the problem. To those interested in studying this problem further, the precise description of methodologies would be very helpful.

This book adds another important chapter to the literature on the most frequent pressing social and health problem in our country today.

ELIZABETH P. RICE
Harvard University School of Public Health
Boston, Massachusetts

BRIEFLY . . .

PREVENTION OF CHRONIC ILLNESS. By the Commission on Chronic Illness. Cambridge, Mass.: Published for The Commonwealth Fund by Harvard University Press, 1957. 338 pp. $6.00.

An authoritative summary of present-day knowledge and theory. For those interested in organization of medical services, especially medical social workers. R. M.

REMOTIVATING THE MENTAL PATIENT. By Otto von Mering and Stanley H. King. New York: Russell Sage Foundation, 1957. 216 pp. $3.00.

Encouraging trends in ward patient care is the subject of this book which is the report of the second phase of a two-phase study sponsored by the Russell Sage Foundation. The first phase was an experiment in improving ward patient care in three selected hospitals. The authors, a social anthropologist and a psychologist, both had training and experience with mentally ill patients at Boston Psychopathic Hospital.

Data for the study were gathered by Otto von Mering, the social anthropologist, who beginning in the autumn of 1953 visited 30 neuropsychiatric hospitals, ranging in size from 100 to 11,000 patients, selected on the basis of offering the most encouraging trends in patient care, but representative of prevailing conditions of patient care in the geographical region of its location.

Social activity and organization of patients, ward geography, placement and use of furniture, attitudes and expectations of staff, and relationships between patients and ward staff were some of the main foci of the senior author during visits of one week to ten days in the smaller hospitals and three to five weeks in hospitals with 5,000 or more patients. Information was obtained through interviews with patients and staff and observations of behavior of both patients and personnel on the wards at different periods of the day and night shifts.

The author discusses the "legend of chronicity" as a problem of the personnel in their perception of the patients who do not respond to standard medical and psychiatric treatment. The acute patient is considered a worthwhile project for individual treatment plans while the chronic patient falls into the untreatable classification. When patients are classified as chronic, subtle and covert changes occur in the personnel which affect their expectations of patients. In time the patients become unknown entities in terms of persons or personalities. The author speculates that perhaps personnel accept the legend of chronicity as a defense against continued failure when they are overwhelmed with large numbers of long-term patients.

Several new approaches to ward management were observed with varying degrees of results being achieved. Some of these are described in considerable detail with the author's observations and analyses of the social and interpersonal factors which contributed to their success or failure. He develops ideal prototypes of the various methods of ward management which may be briefly described as follows: (1) The museum ward in which the personnel spend all their time and energies on control. There is great emotional distance between patients and personnel and they behold each other with mutual distrust. Personnel are afraid to trust the patients or take a chance; (2) the moving ward where few patients may be found during the day because they are very busy at various activities or details. Patients easily get pushed into activities which may not be good for them because they have little to say about their program. There is little opportunity for social organization to develop among patients, or for close relationships to develop between patients and staff; (3) the family ward in which there is considerable informality and intimacy among patients and staff. Patients are given an opportunity to plan with staff the daily activity, a variety of interpersonal relationships develop and patients help each other.

Some remarkable achievements are described where the methods of the family ward were used, the key person being the charge aide who had special training for her duties. The descriptive details of ward management became somewhat tedious to this reviewer, but they would probably be of considerable interest to anyone directly responsible for planning ward manage-

ment. Although the material is primarily concerned with the aide's duties, the author presents clearly and convincingly his thesis that utilization of patient social organization and interpersonal relationships between patients, and patients and personnel in ward management is a most important form of therapy that we can ill afford to continue overlooking.

Anyone working with so-called chronic patients, especially those who are mentally ill, should find this book of considerable value and interest. It clearly portrays how the aide, as the person closest to the patient and most concerned with his daily living processes, can be either helpful or harmful depending on his understanding and philosophy. The concluding chapter contains an excellent discussion of the basic assumptions and principles of social remotivation. The author chose this term rather than resocialization or rehabilitation because the latter two terms imply making the patient acceptable to others, while "Remotivation of mental patients, as a philosophy, goes deeper than surface techniques, and implies the acceptance by the patient of a set of values which makes him important and worthy as an individual and also a member of society." The label seems less important than the substance of the philosophy which seems sound and in accord with the basic tenets of social work. Currently there is much being discussed and written about the hospital as a therapeutic community which appears to be a logical outgrowth of the philosophy of social remotivation being extended to include all members of the treatment team with full recognition of the part played by the aide and the patient in planning treatment. This total involvement of all personnel, including administration, seems essential if we are to sustain improved care and treatment of the mentally ill patient.

JOHN L. GOETZ
Veterans Administration Center
Los Angeles, California

HOW TO MEASURE ABILITY TO PAY FOR SOCIAL AND HEALTH SERVICES. (New York: The Budget Standard Service, Research Department, Community Council of Greater New York, 1957. 46 pp. $1.00.

This report makes a significant contribution in the presentation of a fresh approach to method and content of the standards to be used in determining a fee standard.

Using *The Family Budget Standard* as a base the material shows why in considering family size and composition, the total number of persons in the family is only one of three factors that significantly affect basic budget costs. In consideration of economic status of the family the report gives evidence to the validity that total financial resources should be considered and evaluated. The major contribution is the concept of *Minimum Reserve Assets.* The recommended minimum reserves are related to two requirements: first, that all families have a need for reserve funds for emergencies, and second, the need for progressively larger financial reserves as the family head approaches the age of retirement.

The measure of ability to pay is defined as *the margin* or excess of funds available to the family after allowance has been made for taxes and other requirements of family living. There is provision for this margin to be adjusted for special expenses.

The formula is amazingly clear and simple. The recognition of the status of the retired head of the family should be particularly helpful with the increasing number of such families and the need to offer and develop services for them.

The committee recognizes that social agencies just have begun to explore methods of evaluating ability to pay. As different methods are explored, it may be well to examine why a formula should be devised that will be adaptable to the individual situation. Individuals may prefer knowing what the fee is and make a decision in relation to that rather than be

subjected to evaluation of individual resources. What we consider as regard for the individual difference may mean to the other person an invasion into his personal situation. Also, for the agency the danger is that as details of the individual's situation are considered, the caseworker may lose his focus, the need for information to make a decision as to fee; and not to explore the need for help with financial management and family budget counseling.

ESTHER LAZARUS
Department of Public Welfare
Baltimore, Maryland

REPORT ON THE WORLD SOCIAL SITUATION. Prepared by the Bureau of Social Affairs, United Nations Secretariat. New York: United Nations, 1957. 198 pp. $1.75.

This important document was prepared for the 1957 sessions of the Social Commission and the Economic and Social Council of the United Nations. In its original instructions to the Secretariat, the council said that it should:

> place chief emphasis in the next report on changes that have taken place throughout the world since the preliminary report [1] and give special attention to the problems of peoples undergoing rapid transition especially through urbanization.

Part One summarizes general social conditions, while Part Two highlights the problem created by rapid urbanizations. No one has been more aware than the UN Secretariat of the lack of adequate data about standards and levels of living in many countries, which has meant that certain sections of the present report are incomplete and that even the data presented must often be regarded with caution. In this connection, one of the most worthwhile results of the publication of the report was the discussions among government representatives in both the commission and the council about the need for more extensive social research and social studies and ways to encourage them.

Probably the most significant single finding of the report is that the rapid urbanization going on in almost all parts of the world is not, as is generally thought, primarily or even largely a response to industrialization. In many countries people are moving to the cities because of an urge toward education and cultural and other opportunities, as well as because of the hardships of rural life and a mistaken impression that conditions in urban areas are better. Often this movement is to the large capital cities which are without large industries. An economic and social problem results for which too many underdeveloped countries are ill prepared.

The three major issues brought out by the report are the following: (1) Is it desirable to encourage the formation of tightly knit neighborhood groups among newcomers to the cities, or will this tend to slow up their adjustment to city life? (2) Should special social services be organized for the newcomers, or is the answer an extension and adaptation of existing services in the cities, plus some urban community development programs? (3) Are the community development concepts and techniques now being used in rural areas applicable to an urban setting? These and other related problems will be the subject of study and discussion in UN circles and among governments for some time to come.

The United Nations Secretariat is to be congratulated for having produced, in cooperation with the interested specialized agencies, a basic social document which needs to be studied by all who wish to be informed on social conditions in today's world. Besides serving as a valuable source of information, the report has a vital educational function in spreading the concept that there is a social accompaniment of economic change.

RUTH M. WILLIAMS
International Conference of Social Work
New York, N. Y.

[1] *Preliminary Report on the World Social Situation* (New York: United Nations, 1952).

SOME APPLICATIONS OF BEHAVIORAL RESEARCH. Edited by Rensis Likert and Samuel P. Hayes, Jr. New York: United Nations, 1957. 333 pp. $3.25.

This is the second volume in a series entitled *Science and Society* published by Unesco. Most of the book consists of reports based on seminars held under the auspices of the Foundation for Research in Human Behavior. The foundation, with headquarters in Ann Arbor, was incorporated in 1952 with the aims of stimulating the demand for utilization of behavioral research by operating organizations, developing better behavioral research skills and techniques, and increasing the amount of capital devoted to behavioral research. In line with these aims the "applications" presented in the book mainly concern problems of operation and decision-making in business and industry, government and other organizations. Among the topics forming the eight chapters of the book are administrative leadership and the training of leaders, individual and group factors in scientific productivity, training of foreign nationals in the United States, group influence in marketing and public relations, and psychological surveys in business forecasting.

The book is packed to capacity with useful material for persons concerned with these matters. The authors do an excellent job of describing the remarkable interplay of systematic inquiry, theory, and improvisation utilized in bringing out the importance of the human element in organizational functioning. It seems evident that the content will probably be of greater interest to administrators, community organizers, staff developers, public relationists, and research workers in social work than to direct service practitioners.

As defined in this book behavioral research refers to "the empirical study of individual behavior" in "social psychology, much of the other types of psychology, sociology and cultural anthropology, and

part at least of political science and economics." The semantic mushrooming of the term *behavioral* since the muscle-gland emphasis of Watsonian Behaviorism would make a fascinating story. Also interesting to speculate about is what image will be created in other countries by this Unesco publication about those aspects of behavioral research in the United States which are so heavily weighted with problems of the market-place.

LEONARD S. KOGAN
Institute of Welfare Research
Community Service Society
New York, N. Y.

BRIEFLY . . .

A STUDY OF FIELD INSTRUCTION FOR INTERNATIONAL STUDENTS. By Hilda C. M. Arndt, Mittie Gruber, Gladys Hall, Pauline Lide, and Gladys Ryland. New York: Council on Social Work Education, 1957. 105 pp. 85 cents.

The study has defined basic concepts and principles which will guide schools and agencies in selection, orientation, and the planning of effective field instruction for international students. There are implications for the preparation of the school and the agency as well as the student. These findings should be discussed by schools and agencies jointly as a basis for immediate improvement of present practice in some areas and as direction for development of more effective programs.

LEAH E. PARKER

THE STUDENT PHYSICIAN. By Robert K. Merton, George Reader, and Patricia L. Kendall. Cambridge, Mass.: Harvard University Press, 1957. 360 pp. $5.00.

How students become physicians; sociological studies in professional development; useful for all interested in the development of professional social work education. R. M.

SOCIAL WORK RESEARCH AT THE UNIVERSITY OF BRITISH COLUMBIA, 1947–1956. Vancouver: University of British Columbia School of Social Work, 1957. 40 pp. 85 cents.

This is not a publication that one ordinarily would select for a book review as such. It consists of a consolidated list and analytical classification of nearly 200 master's theses completed since the establishment of the postgraduate school of social work at U.B.C. The director of research at the school, Dr. Leonard Marsh, arranged the content and wrote the introduction. The questions which he raises, the gaps in the field which he identifies, the problems which emerge from his analysis, represent sufficient justification for a review and might well be used to advance the discussion of our long-time needs in the field of research planning and publication.

The major part of the book consists of a listing of theses arranged by subject matter. This classification corresponds in some aspects with the one used by William Gordon in the only comparable study[1] known to this reviewer, and represents a mixture of fields such as child welfare, public welfare, and administration; and of content categories such as physical illness, social work method analysis, services for the aged, and so on. While one might argue over some of the items included in or excluded from this list, there should be no disagreement with the principle of and the need for such a subject classification. If we want to make social work knowledge increasingly cumulative, we must organize the depositories of that knowledge accordingly.

The two other classifications utilized in the report are likewise of great importance. Part II classifies the theses down by methods of study, of which five are identified: historical, descriptive, analytical and quantitative, descriptive casework, and social work methods analysis. Here again, one might not agree with the final selection, but must admit the validity of and the need for such typology. In the final part, the arrangement is by sources, including sponsorship and functions of agencies used for student research.

Dr. Marsh points out that classified listings constitute only a first step in the utilization of social work research, of which student research represents an important part. Even the most carefully formulated title can indicate only in a most general way the scope and content of a study. A collection of abstracts is the inevitable next step. The profession has long recognized this need. Pertinent research is produced at an increasing rate. Student projects are accumulating each year, as indicated by the "unclassified" lists of titles which many schools circulate, and in too many instances are gathering dust on library shelves. Much valuable material of general interest is contained in the numerous community and agency studies which, at best, are listed in national circulars; but at present there is no way of organizing and utilizing the findings which are buried in these frequently highly useful studies. At the same time, it is not possible to identify the gaps in research so that studies can be planned in unexplored or insufficiently explored areas of knowledge.

A classified abstract service would go a long way in remedying and bringing order into this situation. The problems of organizing and financing such service are formidable. They must be overcome if we want to advance social work knowledge.

PAUL SCHREIBER
Louis M. Rabinowitz School of Social Work
Hunter College
New York, N. Y.

[1] *The Focus and Nature of Research Completed by Graduate Students in Approved Schools of Social Work 1940–1949, As Indicated by Thesis and Project Titles*, by William E. Gordon (New York: American Association of Schools of Social Work, May 1951).

METHODS OF GROUP PSYCHOTHERAPY. By Raymond J. Corsini, Ph.D. New York: McGraw-Hill Book Company, 1957. 251 pp. $6.50.

A basic and introductory survey of group psychotherapy geared toward the helping professions is offered in this volume by Dr. Corsini. Part One covers History, Theory and Practice; Part Two is addressed to four major group psychotherapeutic methods and presents recorded sessions illustrative of analytic group psychotherapy, non-directive (Rogerian) group therapy, Adlerian family counseling and psychodrama. While the ascribing of primacy in the pioneer period of group psychotherapy to Moreno may be open to controversy, the historical section interestingly depicts the field's antecedents and precursors as well as its swiftly paced development and growth from 1930 on. Chapter 7 offers an enlightening survey of the multiplicity of pathologies and patient groups to which group psychotherapeutic techniques are being applied.

Understandably, in such an effort at comprehensive coverage of a far-flung field, some highly significant dynamic and therapeutic management areas are but lightly touched, *i.e.*, the group as a familial arena where the patient enacts his familial and life patterns, the merger of individual dynamics into group problems and group resistance. The author however has commendably sought to abstract, summarize, and integrate the variety of currents, trends, theories, and methodologies into the ongoing developmental process of group psychotherapy today. The author's preface likens group psychotherapy to a river "fed by old streams and penetrating into new territories." In his book Dr. Corsini has definitely contributed to increased understanding of the geography of this new discipline.

There is an excellent bibliography.

LESLIE ROSENTHAL

Jewish Board of Guardians
New York, N. Y.

PSYCHIATRIC ASPECTS OF SCHOOL DESEGREGATION. New York: Group for the Advancement of Psychiatry, 1957. 95 pp. $1.00.

Psychiatric Aspects of School Desegregation has telescoped the more important psychological problems related to various segments of our population as they react to a major social change. Implied throughout the pamphlet is a need for strong social steersmanship to bring about a balance among understanding, compliance, and genuine acceptance of a law that calls for intellectual, social, and emotional discipline in bringing out a major social reform. It is replete with clear-cut examples of the manifold difficulties which accompany the finding of solutions to these complex human problems which must call upon knowledge, insight, understanding, rationality, and redirection of an entire way of thinking and living.

Professionals engaged in casework, counseling, intergroup relations, social anthropology, social psychology, and education will find this pamphlet both informative and a personal and professional challenge to their individual lives and work. While no judgment is made, the facts are so laid out that a reader finds himself confronted with the task of making a painful self-evaluation to determine the extent to which he has the strength and integrity to accept desegregation with all of its ramifications. The extent to which he is able to answer this will influence the kind, effect, and strength of his leadership (direct or indirect) as he interacts with other human beings, at whatever level.

Perhaps the most valuable contribution of this pamphlet to professional literature is the opportunity that it gives for reflective thinking. It helps us to examine the many ramifications of social change in a rather objective way as we see the interrelationships among facts, principles, truth, practice, and reality testing.

One area was somewhat misleading—the

conclusion that the environment of most Negro children is *markedly* different from that of most white children and leaves no valid basis for comparison of potentials for the two groups. While the authors attempted to be completely objective, the net result, though doubtless not intended, creates the impression that comparison is nearly impossible. The truth of the matter is that the general environment of children in the United States is much the same; this is due to mass communication and modern modes of travel, both of which bring us in closer proximity to each other and result in greater similarities than differences among people. It would appear as though the differences that exist might be more clearly distinguishable from one socio-economic group to another (if one is to generalize) rather than from one race to another. If this was implied it did not come through to this reader.

On the whole, *Psychiatric Aspects of School Desegregation* is well written. It is concise, clear, objective, and—above all—it places the facts before us—almost naked—to examine with the authors.

EDWARD S. LEWIS
Urban League of Greater New York
New York, N. Y.

BRIEFLY . . .

RETIREMENT POLICIES UNDER SOCIAL SECURITY. By Wilbur J. Cohen. Berkeley: University of California Press, 1957. 105 pp. $3.00.

A truly authoritative "legislative history of retirement ages, the retirement test and disability benefits" by one who was himself part of that history. Of direct interest to legislators and students of the American social security system, it is of importance to all social workers for its illumination of issues still to be dealt with in programs basic to our social welfare structure.

VIRGINIA HYDE

LETTERS

ANNA KARENINA RE—REVISITED

I was much interested in Nathaniel Goodman's article "Anna Karenina Revisited" in the January issue of SOCIAL WORK. I agree very much with his views on family life. I would continue on from where Mr. Goodman left off. Since most individuals come to their fulfillment only through association with others, especially with persons among whom they live, casework to be dynamic should be family-centered. For this reason we at the Family Society of Cambridge and in many other family agencies, work with both husband and wife in marital counseling, with mother, father and child in relation to the problems of children.

The worker relates to the client as husband, wife, mother, father or child. The client knows that the help is offered to him in terms of the relationship problem he acknowledges in his family rather than in terms of himself as a troubled individual free of bonds.

The client may feel that the worker is partial to the other member or members of his family being seen, but if he can be helped to express this feeling and if the worker is clear about her function this can often be worked through.

The step from individually centered therapy to role-centered casework is one which casework has taken in the process of discovering its own specific contribution, distinct from that of the profession of psychiatry. I believe that in it there is the dynamic of a social rather than a purely personal motivation.

YVONNE B. PAPPENHEIM
Family Society of Cambridge
Cambridge, Massachusetts

EXAMINING GROUP WORK PRACTICE

Mr. Charles S. Levy's article, "Is Social Group Work Practice Standing Still?" in the January issue has given me the stimulus to express my long-held belief that the entire *raison d'être* of group work is long overdue for redefinition.

I believe that group work services offered today in many community centers, neighborhood houses, and camps throughout the country under the aegis of school-of-social-work-trained administrators and supervisors could be carried out just as effectively by staff trained in schools of education, with curriculum backgrounds in recreation, physical education, community education, and adult education. Attach an experienced social caseworker to this type of setting and you equip it for most situations involving "feeling-tones" or "crises of intra-group and inter-group relationships"; possibly, even, the tone of the agency would then be less frenetic than that of the typical, so-called group work agency. There is a strongly propagated and widely held mystique that only social group workers know how to "handle" people in groups and that others, such as teachers, occupational therapists, Sunday school and other church workers, and even caseworkers are inept and helpless and somehow cannot grasp the "dynamics" of "working with" a group. This mystique needs unfolding and removing, layer by layer, because it is what stands in the way of true progress on social group work as an area of professional practice. The above thesis is advanced on the assumption that the bulk of the clients who make use of these agencies where group workers and group work method are employed are essentially healthy, normal persons who come for fun, games, and relaxation. . . .

Social workers trained in group work method belong, it seems to me, in organizations that offer services to individuals who are part of a voluntary or involuntary group-association and who are emotionally disturbed and socially disoriented to a marked degree. By such individuals I mean, specifically: anti-social gangs; ethnic groups, such as Puerto Ricans, facing severe difficulties of adjustment to the mainland culture and economy; populations of correctional institutions for juveniles, adolescents, and adults; patients in psychiatric

hospitals and the ex-patients in the "Fountain Houses" that are evolving; emotionally disturbed children in specialized residential facilities; and the like. . . .

Group workers, in my opinion, are needed to carry out a dynamic, close treatment process with such individuals, by means of a close, professional relationship to them in their group associations, as residents, if need be. Group workers are *not* needed at all, it seems to me, to function as supervisors of college students (mostly) who act as "leaders" or "advisors" to clubs, playgroups, or councils that are deeply involved in basketball, basketweaving, or selling tickets for the Senior Division Dance or Purim Festival!

The frontier for social group work as truly meaningful and valuable professional practice lies in intimate, therapeutic relationships to persons who are caught in the grip of terrible, personal breakdown and who act out their problems or live their lives in group settings.

MAX DOVERMAN
New Haven State Receiving Home
State Welfare Department
New Haven, Connecticut

TECHNICIANS

I have just had an opportunity to review in much more detail your editorial in the January 1957 issue in relation to a place for the "social work technician."

For several years I have been concerned about the apathy on the part of our profession in taking the responsibility for certification and registration because I have always felt that, when the profession decides to do this, it then takes on certain burdens of any profession which is willing to say that we have certain skills and techniques which require training. It seems to me that for some time we have been reluctant to do this. We must more clearly define the area of our skills and techniques with a willingness to arouse others who can supplement our work at a "technician" level and take up a great part of the case-work load which we are unable to complete.

There is apparently some interest here as initiated by the Seattle chapter in the certification of social workers in Washington. This has long been past due nationally, and I hope there will be some leadership given to this program by the national committee. Then, too, there is urgent need for the development of a social work technician position with job clarification and qualification. Personally I feel that much of the animosity that has arisen between the so-called "trained" social worker and the public assistance, probation, and other field workers without the two-year graduate training will be eliminated as soon as we can, by a title or certification, give status to both.

Perhaps we should look to the occupational therapy field which to me has done an outstanding job in professionalizing their work. The OT's have done an exemplary job in promoting the status of their workers and gaining recognition, not only among the medical profession but in the general public itself. As a much older profession, social work has been negligent in taking on the certification of its members and thereby taking on the responsibility as a full grown profession. It would be good news to hear of some activity on the part of the national office towards these goals.

EUGENE P. SCHWARTZ
Tacoma-Pierce County Association for Mental Health, Inc.
Tacoma, Washington

For a report on progress in defining the area of social work skills and techniques, see "Toward Clarification and Improvement of Social Work Practice," by Harriett M. Bartlett, on page 3. On the question of certification and licensing, at the request of the national Committee on Personnel Standards and Practices, a proposal by the Southern Minnesota Chapter of NASW will be placed before the Delegate Assembly in Chicago (May 7–10) for consideration of delegates.—ED.